The Gendered Impact of COVID-19 on Women and Girls in Liberia

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1 Acronyms

AA	Aggravated Assault
COVID – 19	Novel Coronavirus Disease
CNEC	COVID-19 National Executive Committee
DRs	Desk Reviews
NFLAC	National Faith Leaders Advisory Coalition
ECLRD	Episcopal Church of Liberia Relief & Development
ERD	Episcopal Relief and Development
FGDs	Focus Group Discussions IPV
DVB	Domestic Violence Bill
DV	Domestic Violence
FAMA	Facts Associations Meaning Actions
IGA	Income generating activities
WRO	Women Rights Organisations
WLO	Women Lead Organisations
GBV	Gender-Based Violence
GOL	Government of Liberia
KIIs	Key Informant Interviews
LNP	Liberia National Police
MGCSP	Ministry of Gender Children Social Protect
MOE	Ministry of Education
MOH	Ministry of Health
MOJ	Ministry of Justice
SRHR	Sexual &Reproductive Health Rights
SDG	Sustainable Development Goal
SWE	Savings with Education
PWD	People with Disability
UNDP	United Nations Development Program
VAWG	Violence against Women and Girls
WHO	World Health Organization
IPV	Intimate Partner Violence
IMS	Information Management System
LDHS	Liberia Demographic & Health Survey

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EXECUTIVE SUMMARY

The Episcopal Church of Liberia Relief & Development (ECLRD) facilitates community-centered initiatives, actively engaging faith and youth leaders to seek social transformation. Between 2015 and 2017, the Episcopal Church of Liberia Relief and Development co-implemented a project that developed an interfaith behavior change intervention designed to respond to the scourge of violence against women and girls (VAWG). Launched in two counties (Rivercess and Grand Cape Mount), the project worked with Muslim and Christian faith leaders, community members, local authorities, and schools to reduce VAWG and provide access to services to survivors of violence. The project developed a Faith Leader Toolkit and trained Christian and Muslim religious leaders to recognize their own gender biases and harmful interpretations of scriptures in order to respond to and prevent VAWG in just and equitable ways. The project also developed support networks for survivors in settings where governance structures remain non-existent or too weak to deliver essential services.

In 2018, ECLRD received additional funding to scale up and adapt the project model to two additional counties (Grand Gedeh and Bong) and expand the toolkit to integrate two new components: trauma awareness and resilience and a theological framework to guide faith leaders in their work to end VAWG using Facts Associations Meanings Actions cards (FAMA) training (using the participatory and experiential learning (look, think, plan, do) through the use of the FAMA card dialogue). The program also works with women to have more financial earning power and the ability to decide how finances are managed through the Savings and Loan (S&L)/Savings with Education (SwE) groups. The S&L/SwE program works with groups of women to develop a self-sustainable and self-replicating mechanism; the S&L/SwE groups make savings contributions to a pool and borrow from it. The S&L/SwE has the potential to bring access to more remote areas through savings and assets, Income Generating Activities (IGA), and food security where the groups and group members farm and sell the products. The proceeds are then used to pay savings fees and social funds dues, community development: repairing school chairs and the building, the community handpump, and providing other community women with small business startup loans, who are not part of the S&L/SwE. The project's goal is to have 28,298 women and girls experience less intimate partner and non-partner violence and have increased access to services. During the implementation of said project, Liberia reported its first case of the Covid-19 virus in March 2020, which was followed by the Government, through the Ministry of Health and Social Welfare declaring a national emergency in an effort to curb the spread of Covid-19. Containment measures taken by the government had adverse socioeconomic impacts on an already vulnerable nation and project implementation.

Covid-19 impacted countries differently, however, the gender dimensions of the pandemic posed a threat to pre-existing gender gaps and other inequalities, especially to women and girls which include health, economic, security, and social protection challenges, especially in Liberia. This research was conducted to understand the extent of and ascertain the impact of Covid-19 on women and girls; triangulate views from faith leaders, stakeholders, and S&L/SwE groups to better understand the impact of COVID-19 on families with a focus on women and girls. Also focusing on making gender recommendations on the role of faith leaders and S&L/SwE groups in responding to emergencies and disasters such as COVID-19 on families with a focus on women and girls in Bong, Grand Cape Mount, Grand Gedeh, and River Cess Counties.

This study focuses on the contribution of the development of an evidence base for learning and adapting Violence against Women and Girls (VAWG) program objectives and responses to COVID-19 and future humanitarian crises impacting women and girls in Liberia[1].

Given the length, structure, and methodology of the study, 10 documents were reviewed, and of these four were selected to be a part of the desk review for this qualitative research on the gender impact of covid-19 on women and girls. ECLRD's year 2 and 3 reports, S&L/SwE program monitoring reports, Faith leaders TOR, and Ministry of Health and Gender reports were conducted to capture a basic understanding of the program, inform the methodology, and assess the effectiveness of the VAWG programs to address the impacts of the pandemic. The Desk review also sought to identify any differences in gendered experiences, inform the analysis, and build on findings of the responses from FGDs with program participants and KIIs with external stakeholders who were able to engage in frank and in-depth discussion and analysis on the impact of COVID-19 restriction measures. The literature reviewed and stakeholder engagement not only explored gaps in the COVID-19 response, and the gendered impacts pandemics can exert on women and girls with a particular focus on VAWG and SRHR, but the latter also shared recommendations on how various actors, including women and other marginalized groups, could respond to issues identified. Critically, the study did not only involve faith leaders and youth leaders, and S&L/SwE members, but also key informants from government authorities and school committees.

Women and girls in Liberia continue to confront gender-specific challenges and various forms of discrimination, which are amplified during the humanitarian crisis. The study tackled a range of questions grouped around two key questions:

1. What is the gendered impact of COVID-19 on women and girls in the areas listed below, and how have gender roles and responsibilities transitioned due to COVID-19? And why? Specifically, how is this impact felt with respect to Roles, responsibilities, needs and vulnerabilities, Leadership & Decision making, Livelihood, and Gender-based violence (GBV)?
2. What are the specific needs of women and girls in a humanitarian crisis, and how can the VAWG program respond to humanitarian needs specific to women and girls such as COVID-19, and design responses for future crises?

Despite the different contexts in which the research took place, there were striking similarities in the GBV, livelihood, and leadership findings, based on participants' experience of the various themes: general, roles and responsibilities, leadership and decision making, livelihood, GBV, faced during the humanitarian crisis. The most widespread issue highlighted in all four counties was the ever-present threats of GBV and livelihood. An important message repeatedly emphasized by the women during the FGDs was their wish to participate in leadership and decision-making spaces where conditions are conducive for inclusion given the fact that they have the knowledge, skills, and capacity to raise issues and work collectively to respond to the threats of GBV and livelihood issues.

[1] ECLRD SOW

Summary of the Key Findings

Research findings highlight that men and women have been differently affected by the Covid-19 pandemic. The main factors creating differentiated impact between men and women are: the unequal access to ownership and control of resources, which:

- Creates a gender gap in resources and widens the poverty gap
- Disruption of education, thereby increasing child labor
- Increased exposure to gender-based and intimate partner violence
- Reduced access to health services

The loss of livelihood and economic security for women was higher, with over 60% of FGD respondents reporting that containment measures have limited or stopped IGA for women who were mostly marketers and petty traders, including members of the S&L/SwE groups. The pandemic increased domestic tensions, which attributed to the spike in domestic violence, despite the limited data, the study found that the most common forms of violence reported were sexual violence and domestic violence. The VAWG survivors hardly reported rape cases to the health sector due to the fear of being diagnosed with COVID-19. Also, the Police, the judiciary, and health and community paralegal systems who are the first responders to violations against women were affected by either lockdowns or the reallocation of resources, resulting in the inability of women to seek adequate assistance during the crisis.

Conclusion of the study

COVID-19 has further widened the gender equality gap and the control of resources, between men and women, contributing to the increase in VAWG in the communities as evident from the responses of FGD and KII participants. This study also revealed that women are impacted more than men due to their exclusion from decision-making processes, or prominent leadership roles in the decision-making sphere such as town chiefs or community leaders, etc. However, the National Faith Leaders Advisory Coalition (NFLAC) worked closely with community-based Faith leaders (ECLRD trained) to strengthen their relationship and continue participation in the national GBV task force and the county technical teams thereby increasing community engagement and information dissemination. The Faith Leaders played a vibrant role in using their relationship within the communities to engage and spread awareness on Covid-19 and health protocol awareness messages, and provide support for survivors with funds provided by ECLRD with women Faith Leaders focused on direct support for survivors, religious counseling and distributing lifesaving materials. Both the Faith Leaders and S&L/SwE groups contributed to protecting lives during the pandemic by increased interventions in GBV prevention and response using the FAMA training (using the participatory and experiential learning (look, think, plan, do) through the use of the FAMA card dialogue).

Recommendations

Based on these key findings, recommendations have been proffered with a gendered lens to design a coordinated humanitarian response plan for both during and after humanitarian crises, to the Government, ECLRD, ERD, and UNTF. In relation to the two questions addressed-

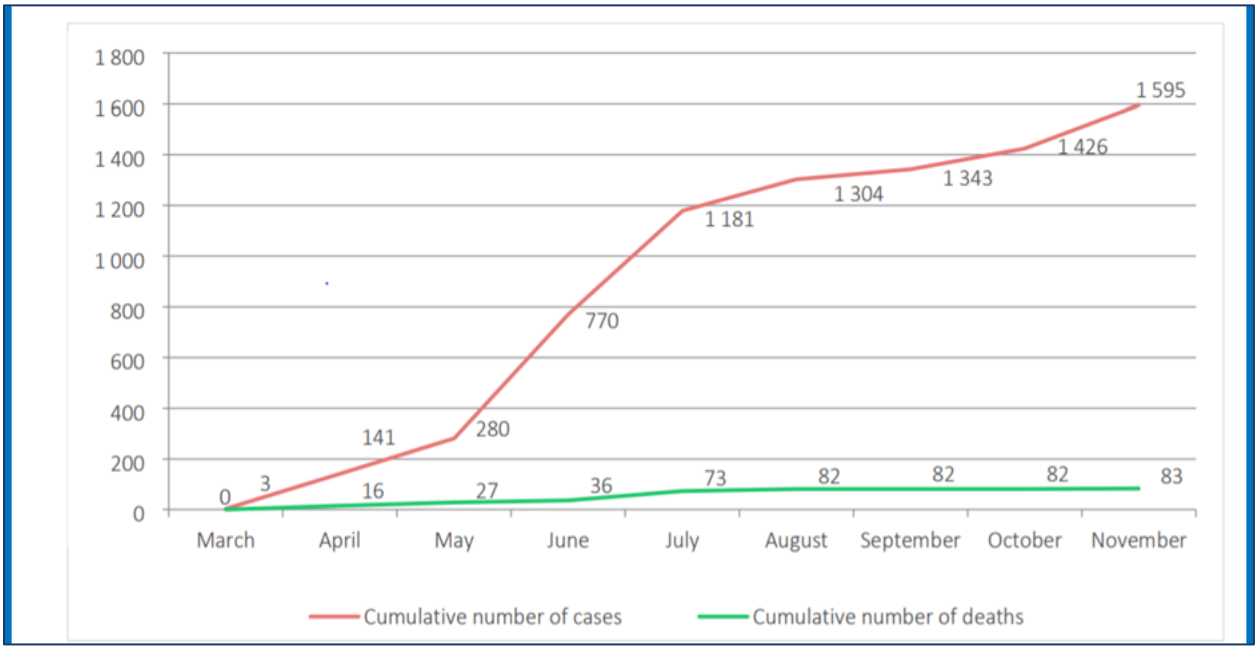
GOL and national leadership to include women in the decision-making sphere to ensure a gender-sensitive policy is developed in consultation with women for a coordinated humanitarian response that includes the protection of the rights of women and other vulnerable groups during crises, to collect gender-disaggregated data, and design national programs to address the impact on the social-economics on women and girls.

The Developmental Partners to advocate for the National government to ensure that women are actively engaged and included in leadership roles and consulted during the development and implementation of a national response plan inclusive of Sexual & Reproductive Health Rights services, and allocate funding for survivors to have access to justice (documentation) and services, continue to support the operations of services during emergencies, allocate funding for research of the gendered impact of pandemics on women and girls. ECLRD to advocate for more representation of women and girls by engaging women faith leaders, S&L/SwE groups, community-based women-led organizations to play a more active role while providing training to improve their leadership skills; collaborate with NGOs, judicial and health systems in the four (4) counties of project implementation to setup disaster committee which includes women, youth- and faith leaders while providing training to faith leaders and SwE members in the use of disaster management toolkits; Increase economic assistance to women-led households by adapting the S&L/SwE to create social funds and further expand the program to additional households improving economic prospects; strengthen the prevention of and response to GBV by continuing the use of the FAMA cards and providing holistic support to survivors: to establish support systems on an institutional level, as well as awareness raising on GBV and the long-term impacts of trauma within societies on the societal level, provide logistics to support mobility, medical, and legal support during referrals while providing training to faith leaders on psychosocial support in the VAWG program and evaluating the overall success and performance of the VAWG project implementation.

1 Introduction

In an effort to curb the spread of Covid-19, President George Weah declared a state of emergency on April 8, 2020. As COVID-19 rapidly spread throughout the country, the Government imposed lockdowns began on Friday, April 10, 2020, for a period of three (3) weeks including closing its borders (internal and external), schools, companies, and restricting the movement of people, products and services, and on April 19, 2020, the Legislature voted to extend the state of emergency by 60 days. In response to reports of a dramatic spike in the number of COVID-19 cases, which peaked at over 650 daily cases (including 34 deaths). President Weah on 17 June 2020 made a request to the Legislature to further extend the state of emergency for an additional 30 days until 21 July 2020. Containment measures taken by the government had adverse socioeconomic impacts on an already vulnerable nation's social and economic fabric, recovering from the Ebola Virus Disease (EVD) health catastrophe, which lasted from March 2014 to January 2016, claiming thousands of lives and damaging the economy.

1.1. *Figure 1: Covid-19 Epidemiological Curve (Total Cases)*



Source: Liberia CoVid-19 country profile, Our World in Data, November 2020[2]

Since December 2019, the Novel Coronavirus 2019 (COVID-19) has infected almost 254 million people globally, resulting in more than 5M deaths at the time of publication. Worldwide, the socioeconomic impact of COVID-19 has been immense. There has been a significant difference in infection rates and adverse health effects noted between genders, in most cases due to social norms that impact mobility, access to public spaces, healthcare-seeking tendencies, and the burden of livelihood. The virus' socioeconomic impact, both short- and long-term, also differs widely based on gender and other social characteristics; poverty, environmental, and financially unsustainable livelihoods. COVID-19 and its associated containment efforts have contributed to a rise in worldwide GBV, notably violence against women and girls.

[2] Source: Our World in Data

While Legislation enacted in Liberia, including the 2019 Domestic Violence Bill[3], attempts to eliminate all types of violence against women, children, and men as well as to ensure that survivors of violence get support and protection, containment measures such as isolation, quarantine, and confinement have forced many GBV survivors to stay in the same location as their perpetrators, with little access to services and support.

Most available data on VAWG during COVID-19 is based on service delivery statistics derived from the number of women and girls who seek health, psychological, and other assistance after an occurrence. Due to the fact that many survivors of violence do not seek help, the true extent of the problem may be underestimated.

COVID-19 has affected different populations to varying degrees. Socio-cultural contexts, including gender norms and roles, play an important role in how different groups can prepare, protect and prevent the secondary impacts of COVID-19 on women and girls. Therefore, the Episcopal Church of Liberia Relief and Development and its partner Episcopal Relief and Development with funding from United Nations Trust Funds under the spotlight initiative commissioned this qualitative research on the **Gendered Impact of Covid-19 on Women and Girls**. JAC Consultancy was contracted to conduct qualitative research in Liberia's four counties Grand Cape Mount, Rivercess, Bong, and Grand Gedeh in order to help build an evidence base for learning and adapting VAWG program objectives and responses to COVID-19 and future crises impacting Liberian women and girls.

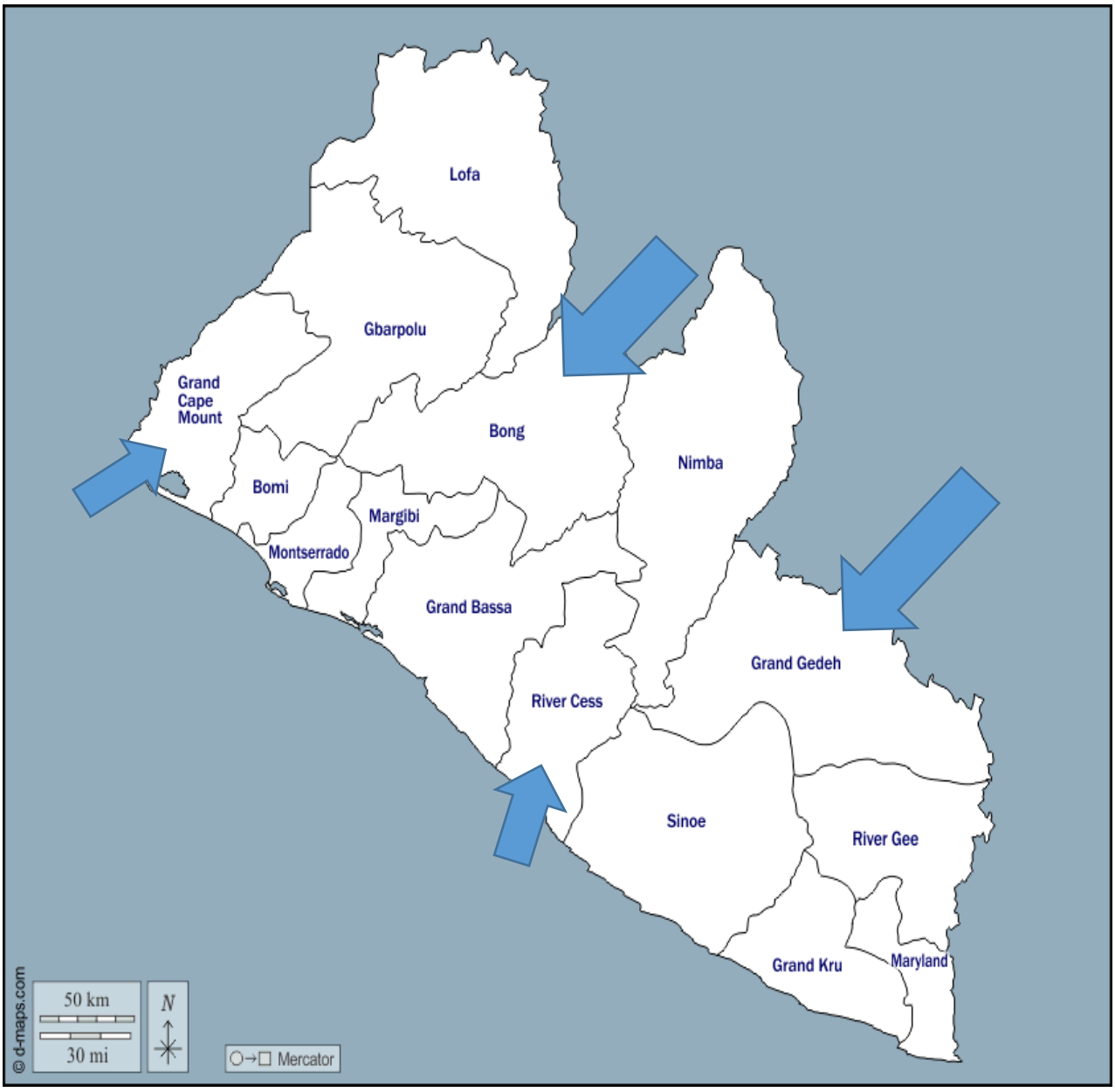
1.2 Purpose of the research:

The purpose of this qualitative research is to assess with a gender lens, the impact of COVID-19 on women and girls. The research aims to understand the different impacts COVID-19 had on age, gender, and other social characteristics, as well as to analyze how the socio-cultural context will help or hinder people's ability to cope with the crisis, and to guide the design of humanitarian response now and in the future. To that end, the objectives are:

1. To identify the impact of COVID-19 on pre-existing structural, social, and economic vulnerabilities from gender, age, and other diverse perspectives, including equal access to services.
2. To generate evidence to support the design of gender-responsive programming/ interventions/ strategies for the COVID-19 response and the impact of faith leaders and women-run S&L/SwE group's interventions during humanitarian responses such as COVID-19 on families with a focus on women and girls
3. Contribute to the development of an evidence base for learning and adapting the objectives of the VAWG program and ECLRD's response to COVID-19 and future crises impacting women and girls in Liberia.

[3] Domestic Violence Bill

1.2.1 *Figure 2: Map of Liberia; depicts the geographical location of the 4 research counties*



Source: D-maps.com [4]

[4] Source: D-maps.com

2 Background and General Context

The Episcopal Church of Liberia Relief & Development (ECLRD) facilitates community-centered initiatives, actively engaging faith and youth leaders to seek social transformation by developing an interfaith behavior change intervention designed to respond to the scourge of violence against women and girls (VAWG). Launched in two counties, Rivercess and Grand Cape Mount, the project worked with Muslim and Christian faith leaders, community members, local authorities, and schools to reduce VAWG and provide access to services to survivors of violence. The project developed a Faith Leader Toolkit and trained Christian and Muslim religious leaders to recognize their own gender biases and harmful interpretations of scriptures to respond to and prevent VAWG in just and equitable ways and also developed support networks for survivors in settings where governance structures remain non-existent or too weak to deliver essential services, further expanding to Grand Gedeh and Bong in 2018.

The S&L/SwE program works with groups of women to develop a self-sustainable and self-replicating mechanism, by making savings contributions to a pool they can borrow from. The group has the potential to bring access to more remote areas through savings and assets, IGA, and food security where the groups and group members farm and sell the products. The proceeds are then used to pay their savings fees and social funds dues. The S&L/SwE group members have also received VAWG training (using participatory and experiential learning (look, think, plan, do) through the use of the FAMA card dialogue) that helps them to respond to and prevent violence against women and girls within their communities, unlike the traditional community savings group. Hence, the S&L/SwE VAWG networks were established to buttress the efforts of the VAWG program to ensure a non-violent and healthy community in four counties Grand Cape Mount, Grand Gedeh, Rivercess, and Bong. This new method of savings introduced by the Episcopal Church of Liberia Relief and Development has upgraded the use of savings to introduce a method of education while saving. It has helped scores of women understand their rights and at the same time respond to and prevent gender-based violence in their communities.

In December 2019, a novel coronavirus disease (COVID-19) emerged and quickly spread around the world causing a surge in fatalities. The World Health Organization (WHO) declared a global COVID-19 pandemic on March 11, 2020[5]. Since then, over 500 million people have been infected, including over 5 million deaths as of November 2021[6].

Lessons learned from the Ebola crisis in West Africa from 2014-2016, indicate a trend where women and girls faced sexual and gender-based violence, and unintended pregnancies, causing social stigma which in some cases, led to eviction from their homes, loss of employment, and other socio-cultural abuses. A similar pattern is emerging in the current pandemic as reports of sexual and gender-based violence have increased.

Inadequate or lack of gender-balanced access to information on COVID-19 has strong linkages to the prevailing situation likewise during the Ebola crisis which heightened the vulnerability of women. The lack of information in local languages and the spread of fake news and misinformation raised to fear, anxiety, hate messages, and stigmatization inhibiting women and young people's access to essential time-sensitive and life-saving health services. For instance, due to fake news and misinformation about the spread of the

[5] COVID-19 declared a global pandemic:

[6] Coronavirus Death toll:

virus, women and girls' access to sexual and reproductive health services was disrupted, which put them at risk of maternal mortality, sexually transmitted diseases, and sexual and gender-based violence.

Liberia ranks 175 out of 189 countries in the United Nations Development Program human development index for 2020 (UNDP, 2020a), and its national poverty rate for 2020 is estimated at 52.2 percent (USD 1.9, in 2011 purchasing power parity) (World Bank, 2020). Notwithstanding, domestic food prices have risen every month by 37.3 percent since June 2020. This is believed to have been a result of the disruptions in domestic food supply chains induced by the stringent COVID-19 containment measures. In turn, high food prices have adversely impacted household welfare, with 66.4 percent of households reported as being in a "dire food situation," according to the World Bank's High-Frequency Phone Monitoring Survey Report, launched in August 2020. In the same survey, 75.3 percent of households had reported job loss and 67.5 percent reported income loss (World Bank, 2020). Overall, economic activity in Liberia has decelerated during the first half of 2020 amid an unprecedented slowdown in global and domestic activity due to the COVID-19 pandemic and the public policies designed to contain its spread. As such, the country's real GDP is expected to have contracted by 2.9 percent in 2020 (Ibid.).

The COVID-19 pandemic led the Government to enact a series of essential measures, including the closure of schools, businesses, and borders (both internal and with other countries), and mandatory lockdown in several counties, including Monrovia, restricting people and the transportation of goods and services.[7] While these measures were critical to preventing the spread of the virus, Civil Society Organizations, Women's Rights groups, and activists claim they were implemented without their involvement, leading to indirect negative impacts on other parts of society, which lead to the development of a Revised Stakeholders Engagement Plan[8] (SEP) at a later stage. The decrease in economic activities due to the containment measures has deeply affected both the formal and informal sectors and for women and girls currently experiencing violence in the home, the restrictions in the movement are likely to exacerbate their vulnerabilities. Moreover, the majority of households rely on markets (daily or weekly) for their food consumption, therefore, the closure of markets negatively affected overall access to essential foodstuffs. Consequently, market closures further pushed the many petty traders – mainly women and youth – into unemployment, affecting their sources of income. This situation is likely to have been especially negative for poorer households and other especially vulnerable groups.

The closure of schools also resulted in many women and girls taking on more unpaid care work at home. Traditionally women and girls are generally subjected to taking on caring roles at home for elderly or sick relatives, and hawking as petty traders to provide for their families.

These measures have and will disproportionately impact vulnerable households, particularly in rural areas with limited access to resources and road networks, in which the project operates. "In 2016, more than 2.2 million Liberians were unable to meet their basic food needs, of which almost 1.5 million (68%) resided in rural areas, 1.6 million were below the food poverty line, and 670,000 lived in extreme poverty[9]."

[7] Containment measures in Liberia

[8] Stakeholder Engagement Plan 2020

[9] Liberia Overview:

2.1.1 Figure 3: Liberia inflation rate in the last 5 years; The Central Bank of Liberia

Source: Trading Economics, Central Bank of Liberia[10]

[10] Source: Trading Economics.com

3 Methodology

This research focuses primarily on the gendered impact of Covid-19 on women and girls to contribute to the development of evidence-based learning of violence against Women and Girls programs and the methods to be used for Qualitative data collection during the research, which include:

A. Secondary Data; Desk Review (DR) of documents received from the ECLRD and project reports on the capacity building program of Faith leaders, Savings with Education, the prevalence of VAWG in the counties, the LDHS 2019-2020, and available data at the county level.

B. Primary Data;

- Face-to-face interviews with Key Informants: District education officers, health officers, County Attorney, District Police Commander, Women & Children Protection, and County Gender Coordinator. The criteria for participation were: be a contributor actively involved in ECLRD program activity (directly or indirectly), a participant in at least one (1) bi-annual/quarterly meeting/any other training conducted by ECLRD, be or work directly with survivors of GBV or with a program that creates awareness on GBV.
- Focus Group Discussion: Eight sessions were held (two per county) consisting of adult and youth Faith Leaders, the SwE members, and School GBV Committee. The criteria for participation were; all participants were 18 years and above, a participant actively involved in ECLRD program activity (Faith leader, Youth leaders, Savings with Education members); trained by ECLRD (ex: business and development, faith leaders toolkit training, school-based GBV committee training, or any other training) conducted by ECLRD.

This research report has been prepared after conducting a Desk Review at the inception of the project, with qualitative face-face interviews with 22 Key Informants. The interviews were conducted using a semi-structured, open-ended guide to collect in-depth data on what respondents think is important about the gendered impact of Covid-19 on women and girls, providing their perspectives around four (4) broad themes:

- Roles, responsibilities, needs, and vulnerabilities
- Decision-making /leadership
- Livelihoods
- VAWG

FGDs were used to gather and evaluate non-numerical data; to examine the meanings of interview results that cannot be explained statistically, the range of opinions/views and to collect a broad diversity of local words; and to give insights into diverse viewpoints among the parties participating. A qualitative approach was used to collect secondary and primary data. The analysis relies predominantly on primary data with quantitative secondary data from DR used to triangulate the assessment of results.

3.1 Data analysis

The interview data were analyzed using thematic analysis:

As part of this process, the JAC Team compiled the audio recordings of the KII and FGDs, by County, transcribed them from colloquial to standard English, read the interview transcripts numerous times, highlighted relevant quotations and phrases, and grouped them according to similarities using the continuous comparative approach (Glaser & Strauss, 1967). The transcripts were coded and organized into themed categories. After coding the interview transcripts and field notes, the team searched for connections between the data sources to write up the analysis of the data.

Qualitative methods were used to collect primary data through open-ended KIIs and FGDs. For both methods, a combination of convenience and purposive sampling approaches was used. Convenience sampling was used to uphold COVID-19 containment measures and purposive sampling to ensure a balanced number of female and male respondents where possible with the inclusion of all ECLRD faith leaders coalition groups because the respondents were knowledgeable of the subject under discussion. A total of 22 key informant interviews were conducted and 8 FGDs were held.

The local authorities interviewed included the Ministry of Education (District Education Officer), Ministry of Health (District Health Officer), Ministry of Justice (County Attorney), Liberia National Police (district police commander), and Ministry of Gender Children and Social Protection (District women and children protection officer). All of the KIIs were conducted face-to-face. Another 8 FGDs (62 participants) were held in the host communities of Bong, Grand Cape Mount, Grand Gedeh, and Rivercess. The FGDs comprised 8 men faith leaders, 6 women faith leaders, and 2 SwE women, 8 female youth leaders, 8 male youth leaders, 8 administrators/ PTA from the school GBV committee, and 8 students who were 18 and above from the school GBV committee.

3.1.1 Table 1: Host Counties Demographics and Population Characteristics; LDHS 2019-2020

Demographic & Population Characteristics	County			
	Bong County	**Grand Cape Mount**	**Grand Gedeh**	**Rivercess**
Time Established	1964	1461	1964	1985
Land Area in sq. ml	8,772	5,162	4,191	5,594
Capital City	Gbarnga	Robert Sport	Zwedru	Cesstos
Population 2008	333,481	127,076	125,258	71,509
No. Households	69,810	18,143	8,969	15,829
Livelihood: control over cash earnings and ownership of assets in Percentage				
Control over Women's cash earnings	22.5	32.6	22.7	10.7
Wife's cash earnings less than husband	68.9	54.6	81.8	33.2
Wife's cash earning more than husband	8.6	14.0	10.2	12.2
Ownership of assets (house) Alone	9.2	5.4	13.7	14.5
Land Ownership Alone	5.6	4.4	8.7	4.0
Women's participation in decision making in percentage				
Own health care and household purchases	77.2	50.7	74.8	83.0
Major household purchases	85.2	68.9	87.0	91.7
Sexual and Gender-based Violence in percentage				
Physical violence since age 15	51.1	72.4	44.6	43.2
Sought Help to stop violence	43.3	43.6	55.0	34.4

Source: LDHS 2019-2020[11]

3.2 Ethical Considerations

The survey framework including the KII guide and FGD guide was developed by ECLRD and Episcopal Relief & Development and submitted to JAC Consultancy for review and consideration of the contents before implementation.

Also, commitment to ensuring the timely release or access to the required information and the supply of data was vital. Upon consensus, enumerators were trained on the procedures and approaches to conducting FDGs and KIIs interviews.

The goal of the research and the data collecting method were communicated to the possible respondents one-on-one. They had plenty of opportunities to talk with one another and ask questions. They were also informed that their participation was voluntary and could opt out at any moment without any negative effects as a result of their decision. Participants were also made aware of the study's sensitive nature and the availability of psychosocial treatment services in the event of trigger topics such as GBV or sensitive subjects such as IPV.

In order to protect the subjects' privacy and anonymity, no personal information about the survey participants was collected, analyzed, or reported on throughout the research process. During the interview procedure, the interviewers' surroundings were kept private and discreet. All participants were required to sign an informed consent form.

3.3 Limitation of the Study

This study covered four (Bong, Grand Cape Mount, Grand Gedeh, and River Cess) counties of the 15 counties of Liberia to determine the impact of COVID – 19 on women and girls, as well as the prevalence of violence against women and girls (VAWG). The information gathered from the four counties does not reflect the prevalence levels in the other 11 counties respectively, hence, findings and conclusions may not apply to all 15 counties in Liberia as they are not all represented in the research.

Additionally, opinions gathered from the respondents through administrative data (desk reviews), focus group discussions (FGDs) and key informant interviews (KIIs) reflect the best judgments of the various respondents interviewed and cannot be compared with other original research work done on the national, regional, and international studies/researches.

However, this research provides qualitative trends for programming considerations, therefore, will be used by ECLRD and partners as a bloodline for decision and programming.
All efforts were made to ensure as much representation as possible with the FGD participants and key informants to ensure that key vulnerable groups were included. There is a potential bias due to enumerators being from various faith groups rather than independent researchers. Moreover, all respondents were beneficiaries of these various organizations.

[11] Source: *LDHS 2019-2020*

4 Key Findings

Because we are in the midst of the most severe pandemic in the last century, it is important to consider the impact of COVID-19 on pre-existing structural, social, and economic vulnerabilities from gender, age, and other diverse perspectives including equal access to services were analyzed under the themes: (1) The general effects of COVID-19; (2) Roles, responsibilities, needs, and vulnerabilities; (3) Leadership & Decision-making; (4) Livelihoods; and (5) Gender-based violence to generate evidence to support the design of gender-responsive programming, interventions and strategies for the COVID-19 response to contribute to the development of an evidence base for learning and adapting of VAWG program objectives and responses to COVID-19 in future crisis impacting women and girls in Liberia on the role of faith leaders and women's member-run savings and loan groups on humanitarian response such as COVID-19 on families with a focus on women and girls.

The secondary impact of the pandemic has uncovered existing disparities stemming from structural social and economic vulnerabilities such as; inclusive participation and representation in decision-making, inadequate access to healthcare and justice, and financial and food insecurities.

4.1 General effects of Covid-19

Covid-19 is a major challenge to the human, economic and social aspects of life. Millions of lives have been lost including disruption of social and economic activities, with many experiencing a loss of their livelihood; formal and informal sectors, exposing an already fragile health system with little or no access for Liberians, and limited capacity to respond to the pandemic.

All faith leaders participating in the FGD expressed concerns about several significant changes the COVID-19 pandemic had on their religious lives. The effects on their religious lives ranged from the interruption of daily worship to fellowshipping with their communities and other faith leaders, a reduction in the size of the congregation both in the mosque and churches due to the physical distancing rules measures, the burial rituals for Islamic faith leaders, and the prohibition of Sunday services, and Friday- and special Ramadan Prayers due to crowded churches and mosques. An FGD participant from Grand Cape Mount stated *"when we decided to bypass to go to the mosque to pray, the Police stopped us"* and another FGD participant from Bong County stated that *"the policy mandated by the government affected members when the police started to enforce it by coming to churches and putting people out"*.

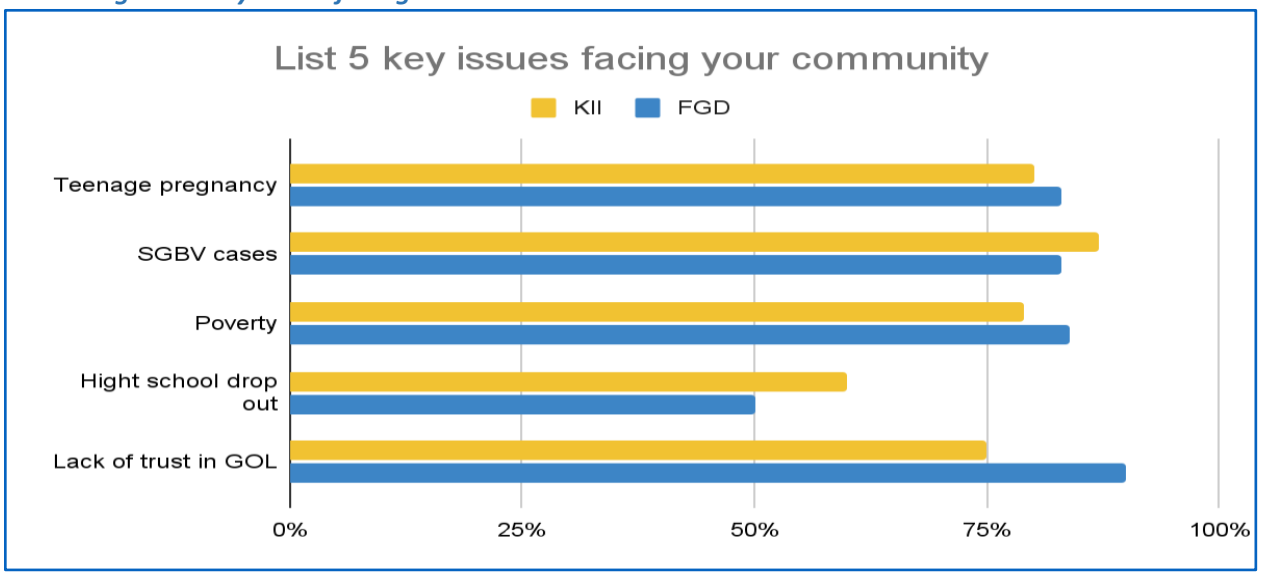
Key informants informed that they had been instructed to stay at home. 50% of the KII were declared non-essential staff during the pandemic. KIIs from the Ministry of Gender and Social Protection and Ministry of Education were considered non-essential staff, unlike Key informants from the Ministry of Health and the Liberia National Police. A Key informant from MOH informed "*the information dissemination and awareness efforts by the government, humanitarian actors, and faith leaders must be commended, as the use of preferred, very effective and important communication methods from lessons learned during the EVD epidemic were utilized; door-to-door visits, loudspeaker announcements, and informal discussions. Many community dwellers understand washing hands as a part of the preventive measures".* Additionally, another 2 of the 4 key informants from the MOH informed that some colleagues were feeling unsafe at work and were troubled by the possible level of harm the coronavirus could bring to their families, referencing experiences from the EVD epidemic and the shortages of Personal Protective Equipment (PPE) and proper training on the diagnosis and management or referral of patients which led

to 378 health care workers infected and 192 deaths nationally. Another 3 of the 8 key informants from LNP also reported a high level of insecurity when implementing daily tasks, as this mostly required physical interactions with community dwellers, but had not been supplied the necessary PPE, or logistics.

For women and girls, these measures meant the disruption of market activities and the closure of schools and increased domestic work, lack of access to health services, and increased gender-based and intimate partner violence.

When asked to list five key issues facing their communities, responses varied per community, geographical location, and respondent, however, an average of 82% from both KIIs and FGDs listed a lack of trust in GOL due to the presumed inability to manage the pandemic based on lived- experiences from the EVD epidemic; 75% listed increased poverty due to high unemployment and lack of opportunities; 55% listed a lack of interest in completing secondary education amongst middle and high school students; 85% listed significant increase in sexual and gender-based violence and 87% listed an increase in the teenage pregnancy.

4.1.1 Figure 4: Key Issues facing the Communities



Source: FGD and KII Interview transcripts[12]

4.2 Roles, Responsibilities, needs, and vulnerabilities

Control over resources is linked with roles and responsibilities, as resources are key to financial empowerment, with ownership of land and house being key assets, and the roles and responsibilities are determined traditionally by the role of the breadwinner. According to the Liberia Demographics and Health Survey (LDHS 19-20), 28% of males and 14% of females own a home in Liberia. Women are less likely than men to own a house by themselves (10% as opposed to 16%) or land by themselves (5 percent versus 16 percent). Inequality in the ownership and management of resources has had a disproportionately negative influence on women's roles and obligations which has been worsened even more by the COVID-19 epidemic, placing an even greater load on women's shoulders. The majority of the participants in FGDs in Grand Cape Mount and Rivercess counties informed that although women play a

[12] See transcripts: FGD and KII Interview

fundamental role in productive activities like trade, agriculture, fishing, etc. the house and land are owned by the men. An FGD participant in Bong County also stated *"land, farms or cattle are always inherited by male relatives, either firstborn sons, brothers or uncles, it is very unusual for women to receive such inheritance".* A key informant from MoE stated, *"property ownership in Liberia has always undermined the autonomy of women and further marginalized them because land and house can be used as collateral in most instances as capital for business startups".* This finding was consistent among both men and women FGD respondents from all 4 counties.

As preventive measures increased, and movements restrictions increased, all family members spent more time at home, which meant an increase in the burden of unpaid care work (clean, cook, collect water, and take care of school-going children, the elderly, or ill relatives), this remains almost exclusively the role and responsibility of women and girls in addition to partaking in revenue-generating activities. Most FGD participants and key informants described an increase in household work as preventive measures increased, schools, offices, and public spaces closed and a reduction in mobility meant all family members spent more time confined at home, whilst some men and boys took on some of the unpaid care work, the burden of the household work was still borne by the women and girls. Participants in FGDs informed that a majority of the men had lost their sources of income and their roles as breadwinners during the pandemic due to the lockdown measures and were dependent on their partners. Though those men were spending more time idle at home, they hardly participated in the household chores. *"The social practice is that men only work outside the home and are solely responsible to provide financially, whereas, the women are expected to play dual roles; carry out petty trading or other IGA and care for the home".* A few FGD participants in Bong and Grand Cape Mount Counties (the latter of which is predominantly Muslim,) mentioned men and boys starting to help with household chores even prior to the onset of COVID-19, even though the responsibility for most unpaid care work remained the duty of women and girls. The majority of the FGD participants from Rivercess and Grand Gedeh Counties (which are the least accessible counties) reported despite the increased workload, men did not take on household chores. A key informant from MOGCSP explained that this was due to traditional gender roles*, "women are responsible for unpaid household work and men only engage in paid work or income generating activities outside the home".* Another key informant from MOGCSP informed that livelihood options have been greatly reduced, *"currently men are struggling to fulfill their traditional role as the primary breadwinner which has led to increased stress and tension in the home, economic neglect, and GBV in some instances".*

4.3 The role of Faith leaders

Despite the impacts of COVID-19 on the faith leaders, it was difficult to precisely determine the role of women faith leaders because in most cases the research viewed "faith leaders" as a unit, however, a few participants specifically mentioned the role of women faith leader in the COVID-19 response; FGD participants in Bong, Rivercess and Grand Gedeh Counties mentioned that women faith leaders were actively involved with providing door-to-door awareness campaigns in the communities, houses of worship, and the distribution of charity items; nose masks including locally made masks, hand washing materials, sanitizers and buckets to the elderly and women-led households during the lockdown within the communities. Moreover, a similar pattern was observed in all 4 counties regarding faith leaders providing awareness on COVID-19 preventive measures. FGD participants and key informants said the COVID-19 messages were consistently preached in the communities, churches, and mosques, informing

the listeners or congregation to adhere to the health protocols. In three of the four counties (Rivercess, Grand Cape Mount, and Bong counties) FGD participants mentioned the involvement of male faith leaders in the county's joint task force committee.

When asked about the role of faith leaders regarding GBV cases, a key informant from MOJ stated *"most faith leaders were organizing their respective institutions and the wider community by preaching against GBV, however, perpetrators weren't exhibiting behavioral change"*. Another key informant from LNP stated, *"I once experienced a faith leader trying to settle GBV case at the church, this is compromising at the community level and will not encourage reporting cases to proper channels of justice".* Eighty-four percent of the respondents said they had received training on GBV through ECLRD and other faith leaders from the coalition and other NGOs. Ninety-five percent of the faith leaders participating in FGD reported having participated in VAWG training which has assisted in preparing them to provide support to GBV survivors, however, they were experiencing gaps as faith leaders when rendering support to GBV survivors in communities, such as financial assistance to law enforcement officers and transportation for accompaniment, and support to safe homes and providing psychosocial support.

4.4 Leadership & Decision-making

Liberia's (GOL) COVID-19 response was managed by many government agencies and organizations: the Minister of Health, the Director of the National Public Health Institute, as well as the COVID-19 National Executive Committee (CNEC), which was headed by the President of the Republic of Liberia. To support the IMS's work, the Executive Committee is responsible for mobilizing resources via the MOH and the NPHIL, while county-level superintendents are in charge of the COVID-19 task force in their respective jurisdictions. Women faith leaders informed that vulnerable and marginalized[13] groups did not have a voice in decision-making spaces in their respective counties; decision-making bodies in general from the national government lacked representation and COVID-19 coordination committees were no exceptions. They also mentioned policies on preventive measures not taking into consideration the impact of the lockdown on women-led households, nor did the national response plans take into account the disproportionate impact of the pandemic on already vulnerable groups including, single mothers, women-led households, the elderly, teenage/ adolescent girls in the communities*; "GOL did not make policy commitments for GBV, sexual and reproductive health services (SRHR), or women-specific economic assistance"*.

In addition, the Desk Review revealed the lack of access to information on the composition of the County task forces, the IMS, and the CNEC, however, information available documented pillar leads from the IMS and the logistics component of the response were both headed by women. Although gains have been made in terms of access to decision-making spaces and leadership positioning for women, rural women and uneducated women feel under-represented, consequently, persons with disability and women and girls reported being unable to participate in preparedness and response mechanisms. In Grand Gedeh, Bong and Grand Cape Mount Counties female FGD participants informed that discrimination against women had left them unable to participate in the response, and had resulted in their exclusion from aid provided by the GOL. A Faith leader in Grand Cape Mount County (predominantly Muslim) raised a similar issue on behalf of women and girls stating *"regardless of faith and tradition, most women and girls in the county found it difficult to participate in forums, meetings, or other decision-making spaces that are male-*

[13] Marginalized Groups: persons with disability, single mothers, women-led households, the elderly, teenage/ adolescent girls in the communities

dominated, women are conditioned to sit in the kitchen and cook while men discussed matters of importance".

4.5 Livelihood

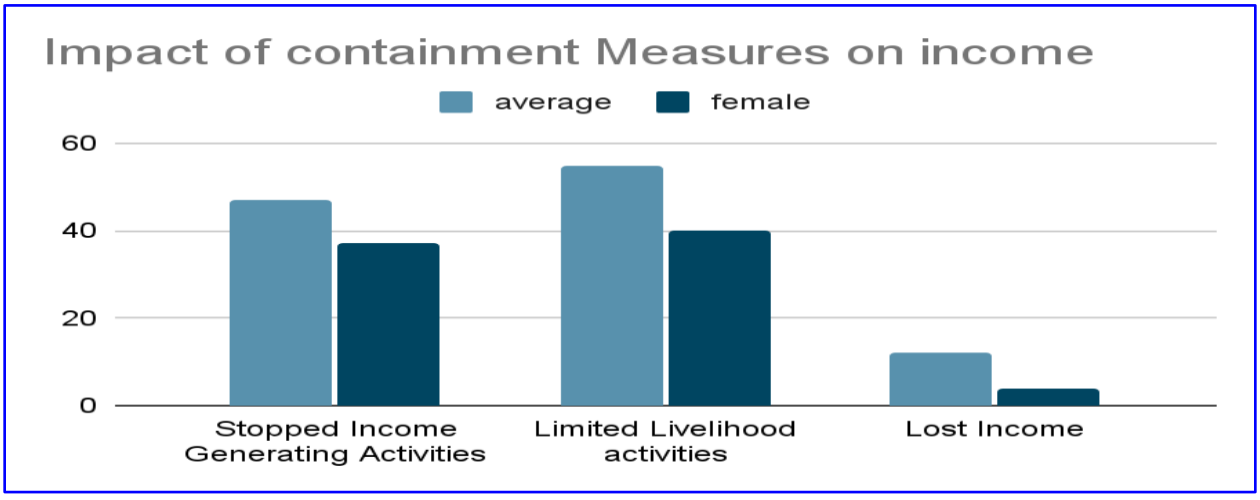
One of the most significant secondary impacts reported has been the loss of income and livelihood opportunities. From an economic viewpoint, the secondary impact seemed even higher on women, with over 47 of 62 FGD participants reporting that containment measures have limited or stopped IGA for women who were mostly marketers and petty traders. Before the Covid-19 pandemic, women and girls including youth leaders were involved in the following activities: cross-border trade, fish mongering (dry and fresh fish), petty trade, smallholder farming, and selling of produce at the daily/weekly community markets. Pastors were paid directly by the various institutions for services rendered at the specific churches, whilst Imams earned their living by petty trade and are given handouts by the congregation. Participants of the FGD overwhelmingly reported the inability of families to access food for themselves and their families during the lockdown.

When asked, "how are measures designed to curb transmission of the virus (lockdown/ quarantine/ physical distancing) affecting economic opportunities and livelihoods?"

The majority of the FGD participants in all 4 counties informed that it has brought increased suffering, hardship, food insecurity, and poverty to their communities; access to critical trading areas had become inaccessible or limited to certain hours daily due to the lockdown. The faith leaders stated that worship locations were closed during the lockdown, which greatly affected congregants paying dues, tithes, or giving handouts because they were not attending in person and cash was the only mode of payment.

4.5.1 Figure 5: The impact of containment measures on income

depicts a total of 55 of 62 FGD participants (both women and men respectively) reported containment measures had limited their livelihoods activities, and 12 of 62 participants reported having lost income.



Source: FGD and KII Interview (see transcripts)[14]

[14] Source: FGD and KII Interview (see transcripts)

An FGD participant stated that *"For us, we used to go to markets and once you stay late the Police beat us badly and take our market from us"*. An FGD participant from Grand Gedeh informed that "*I lost all my market money and the goods I bought, all were taken away by the police and the joint security. Right now, I don't have money to start selling"*. Police brutality was corroborated in multiple news sources from DR, an article from Reuter on April 12, 2020,[15] has been used as a reference for police brutality during the lockdown. The restrictions and closure of markets and border areas in rural Liberia negatively affected the overall access to IGA and essential foodstuffs, as well as forced many (petty) traders and penpen riders (motorcycles used as public transportation in rural Liberia) into unemployment.

Furthermore, owing to health-related border restrictions, food imports from neighboring countries were halted, causing shortages and a spike in costs. As a result of manpower and input shortages caused by the containment measures, the planting season, land preparation activities, and the planting of rice was halted from April to June during the initial lockdown period in 2020. The devaluation of the Liberian Dollar (LRD) had already caused market prices to rise prior to the outbreak of the disease. Rice prices in March 2020 were over six times the five-year average. In addition, food prices rose across the board for all major food commodities tracked during the limits' implementation, from March to May 2020. Markets and borders have been opened, but prices have not yet normalized. Even in light of the economic decline forecast for early 2020, COVID-19 disruption will have a major impact on the IGA and the lives of many families, particularly those headed by women and those who have disabilities or the elderly.

Despite programs to alleviate **economic difficulties** for women, programs such as the SwE member-run group, and interventions were insufficient to ameliorate the economic setback in the project counties, communities, and families. Similar to how COVID-19 impacts persons with pre-existing health issues, the secondary effect exposes and worsens financial vulnerability that has built up through decades of economic instability. Because the crisis hindered livelihoods, it had significant consequences on basic needs, such as food security, health, and education, with rural communities being most vulnerable in Liberia due to poor infrastructure and the centralization of activities in and around the capital city. Most rural community dwellers live on less than USD 1.00 a day, and 74% of all female workers in Liberia are informal laborers[16] due in part, to a lower level of literacy. Findings from the Desk Review show that prior to the pandemic, the ECLRD Savings with Education had improved the livelihood of members from 43 savings groups in the 4 counties, this improvement includes increased economic participation, example: some members of the SwE programs had been engaged in fish mongering and due to interventions from the program they were able to scale up their businesses by purchasing their own canoe, become self-employ and create employment opportunities for other women. Other SwE participants lived in single rooms with their entire families and were able to build their own houses with savings from the SwE programs. While other women worked in collectives to scale up production, making large vegetables, rice, and cassava farms, they also ventured into processing harvest crops, for example; processing the cassava into gari and cassava dough. These activities impacted the livelihood of their families and communities prior to the lockdown. SwE group members reported that they were unable to engage in their usual activities, due to COVID-19 restrictions measures. This led to the reduction of their business capital and made it difficult for them to meet up with other personal obligations outside of due payments to the group and the needs of their family's example: they were unable to provide sufficient food for their

[15] Article on police brutality

[16] Global Humanitarian Response Plan (Nations, 2020)

children, additional finances to seek healthcare and provide basic hygiene materials needed while contributing to the savings.

The majority of the SwE groups in Grand Cape Mount, Rivercess, and Grand Gedeh counties informed that measures designed to curb the transmission halted all IGA at 2 pm. An SwE member from Rivercess County informed that *"prior to the lockdown, most women stayed at the market places conducting businesses from early mornings till 8 pm on average daily because of the increase in consumers' activities during evening hours".* Another FGD participant from Grand Cape Mount County mentioned *"the closure of the borders affected trade in the county and market day at Gbah, we had nowhere to sell"*. A key informant from the MOE corroborated this stating *"businesses were not moving, individuals were not going to work, and everyone was tied down. Men were unable to work or carry out other income-generating activities and women working in both the formal and informal sectors had to leave work or marketplaces by 2 pm despite having sold nothing or only a few items, and persons with disabilities were also gravely affected as they could not go out to beg for basic food assistance"*. Despite these challenges, DR from ECLRD's annual report revealed that the SwE members still managed to maintain their weekly savings and use the social funds to assist other members of the communities who were vulnerable, which also increased their group membership. The report document's the resilience of SwE members and decisions to reallocate resources to conduct Covid-19 & GBV awareness using the FAMA cards during their savings meetings, and that the S&L/SwE groups also welcomed new group members and financially assisted members and non-members facing hardship within the communities.

The majority of the FGD participants in all four counties mentioned that women were the most affected, especially in rural areas, where the majority of women rely on the informal sector for IGA in Liberia, it is reported that approximately 85 percent of daily market traders comprise women[17]. Economic issues arising during and after a pandemic constitutes a substantial danger to the income and livelihood[18] of women who work in micro-level enterprises like farming, street hawking, petty trade, and other domestic services. An FGD participant from Rivercess County stated that *"travel and trade restrictions due to COVID-19 have severely impacted women's livelihoods and economic security and the impact is expected to continue beyond COVID-19, as small businesses and trade controlled by women without support would struggle to return"*. Another FGD participant in Bong County stated, *"most men are affected temporarily as they were employed in the formal sector prior to the pandemic and are expected to resume income-generating activities once COVID-19 restrictive measures are lifted".*

4.6 Violence against Women and Girls

Despite Liberia's advances in assuring equality between men and women via laws and regulations, it is generally accepted that VAWG is still a problem that affects women and girls in the country's schools, communities, homes, and workplaces. Women and girls in West Africa are at a greater risk of sexual exploitation, child labor, and other VAWG during complicated humanitarian crises. This research maps VAWG across two categories: domestic violence and abuse (IPV and Economic neglect), and sexual violence (rape). Women and girls who suffer from VAWG are in most cases economically disadvantaged and lack financial support to seek justice and medical and psychosocial support. In an attempt to reduce the risk of COVID-19 transmission, the GOL enforced restrictions and measures which had significant

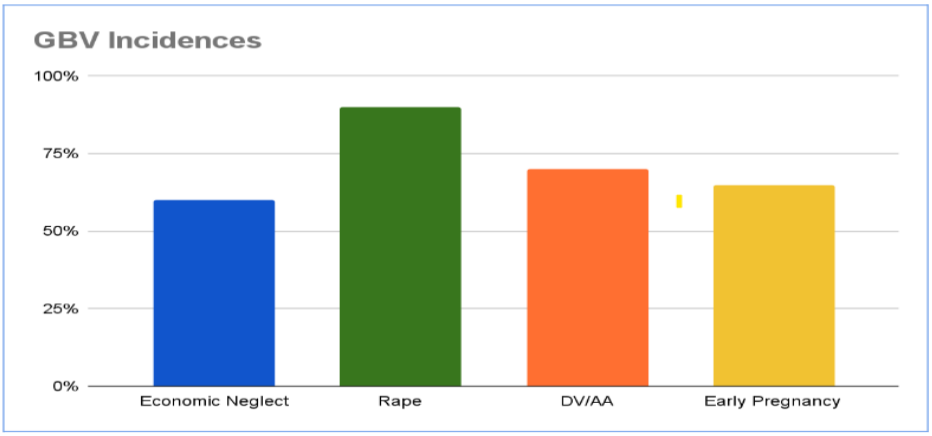
[17] UN Women Org

[18] Agriculture, Livelihoods and food security (UNFAO, 2021)

effects on many services for women and girls including PWD, pregnant women, the elderly, women-led households, and teenage/ adolescent girls.

FGD participants reported an increase in the below-listed incidents of violence in their various communities in the following order. The most common forms of violence reported in the communities as gathered during the FGD are rape and followed by domestic violence (which is referred to as a unit in most cases).

4.6.1 *Figure 7: Depicts the incidences of VAWG cases reported by FGD participants*



Source: FGD Interview transcripts[19]

A key informant from MoGCP pointed to *"men being confined at home is a source of tension, contributing to the increase in GBV cases"*. Research in Liberia shows that gender inequality and discrimination against women are accepted and effectively sanctioned by some communities. Because of this, women and girls experience shame and stigma, and the violence often remains hidden. *According to the LDHS 2019-20 figures, 37 percent of women feel a husband is justified in assaulting his wife, with 60 percent of women between the ages of 15 and 49 in Liberia who have been physically or sexually assaulted by their husbands, according to the LDHS 2019-20 figures.*

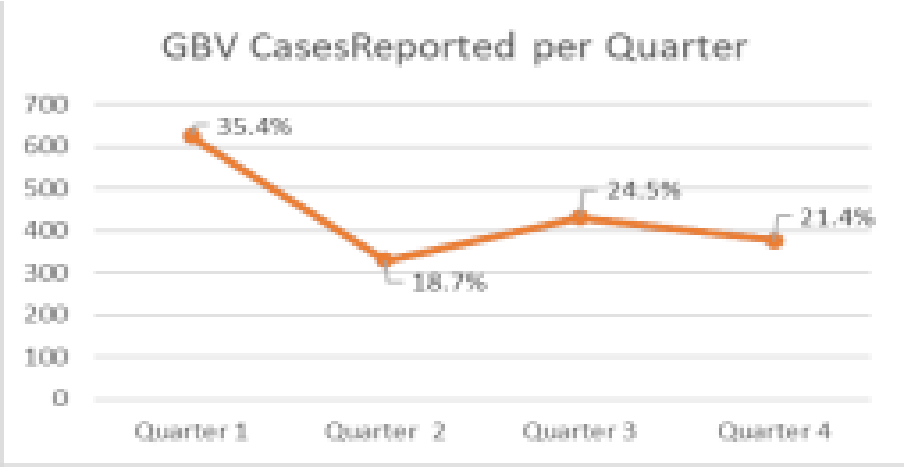
Figure 4.6.2 below shows the distribution of cases reported per quarter in the National GBV Report, highlighting a high number of cases in Q1 2021 in the reporting trend at the national level, however, in Q2-Q4 there was a decrease[20]. For a variety of reasons, the jump in violence against women and children during covid-19 may not show up in records or reports. One of the reasons could be the reduction in face-to-face appointments with doctors and health workers, for example, and restricted access to hospitals during the pandemic will have limited opportunities to record physical evidence of abuse. A key informant from the MOGCSP informed that another factor could be containment measures and movement restrictions which impacted the ability of women and girls to negotiate the rigid set of norms that govern their lives; *"with the men now at home women's movement and agency were being increasingly policed. Before the pandemic, women could visit different organizations while their husbands were not home"*. Another key informant from the Ministry of Health also disclosed that *"this situation impacts women's ability to seek support, including from the police, NGOs, or other assisting agencies because this was usually possible during the absence of their perpetrator example in the case of domestic violence".* Another

[19] Source: FGD and KII Interview transcripts

[20] GBV 2021 statistical report

key informant from the MOJ stated *"despite the fact that a GBV referral pathway exists and is sometimes followed, most of the survivors are very poor and dependent on the alleged perpetrators for their livelihood, therefore, cases are most times not pursued to their conclusion because they fear losing their livelihood''.* Another contributing factor to the under-reporting of GBV cases could be due to close-knit family ties within the communities, families, and other community members not wanting to be termed as outcasts, therefore, faith leaders report anonymously to the county officer, gender coordinator, and the police. However, data from other service-use such as helplines are overwhelming. Similarly, the Desk Review of ECLRD also reported a significant increase in referrals for survivors to service providers since the start of the pandemic indicating growing numbers of women and girls experiencing violence in program communities. The increase in GBV cases during the lockdown was highlighted nationally through service-use when a perpetrator was reported to have allegedly mutilated a 3-year-old girl[21], this led to a nationwide 'March for Justice', an anti-rape protest organized in August of 2020, calling on the government for an effective response to GBV cases.

4.6.2 Figure 8: National SGBV Quarterly Cases Report 2021

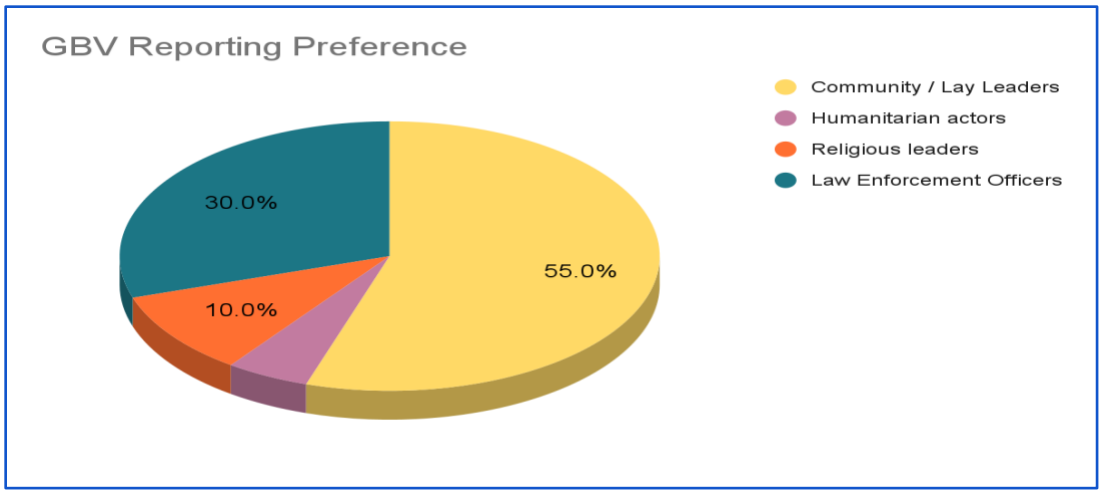


Source MOGSP Report 2021

Desk Review, LDHS 2019-20, statistics show 42% of women who have experienced physical or sexual violence sought help to stop the violence and 48% never sought help or told anyone about the violence, with medical personnel, lawyers, and social workers being the least likely to be sought on GBV cases. Figure 4.6.3 below represents the ratio of GBV reporting preferences by participants. When asked, fifty-five (55) percent of the FGD participants said they would report a complaint to community leaders, while five percent would approach humanitarian actors because they sometimes provide financial assistance for the logistics, ten percent would inform their religious leaders because they have been trained in the Stress-Trauma-Sensitive approach, have established relationships in the communities with public service providers through the referral pathways, and have strengthened their ability to follow up and support the survivors seeking access to justice as they also have a referral to the ECLRD county officers, who provide finances for transportation and other logistics to survivors, and thirty percent law enforcement officers.

4.6.3 Figure 9: Depicts the ratio of SGBV reporting preferences

[21] Source: Monrovia-march-sexual-violence



Source: FGD and KII Interview transcripts[22]

Key informants from MOJ/ LNP, mentioned **access to justice** as a critical challenge, stating *"the Police, judiciary, and community paralegal systems who are the first responders to violations against women were also affected by either the lockdowns or the reallocation of resources, which has resulted in the inability of women to seek adequate assistance during the crisis."* An FGD participant informed that in many instances, there is no prosecution for some of these domestic crimes as the police and justice lack the logistics (transportation, fuel, access to GBV kits, etc.) to effectively pursue cases, and would have to sometimes rely on the families for such assistance. The KII MOJ Bong county stated that *"there's lack of funding to support survivors' access to documentation of cases, access to testify before the grand jury, sometimes, cases last 2 - 3 terms on the dockets"*.

In addition to sexual violence against women and girls, other traditions including FGM, forced child marriages, as well as economic neglect, continue to be prevalent. COVID-19 preventative efforts are having a significant influence on VAWG, just as they did during the region's EVD pandemic. A key informant from the MoGCSP corroborated the FGD participants stating *"gender transformative programming, including leadership, and skills building for women and girls, and strategies or community supervision to end harmful practices and abuse, such as early, forced, and child marriage, and GBV, rely heavily on funding and activities conducted by CSOs and INGOs whom are mostly based in Monrovia and implementing in the counties but had withdrawn from the communities due to COVID-19 restriction, putting a halt to activities such as access to free health services, livelihoods and education programs for women and girls, awareness-raising around behavioral change, advocacy and engaging men and boys in accountable practices"*. An observation from MOE is that "*the closure of schools, community learning centers, and adolescents-friendly centers managed by CSOs and INGOs, and increased household tensions are leaving children and adolescents at a greater risk of abuse, rape, unwanted pregnancies, and sexual violence, housing survivors in safe homes must be prioritized, in order to provide the necessary medication and counseling, rather than back in their communities, where traditional leaders have influence and could attempt to compromise the cases outside of the laws''.* For example, the pandemic and associated prevention measures also restricted the S&L/SwE home visit group and faith leaders' meetings to a low number of participants due to social distancing rules, which meant fewer people were reached using the FAMA training and access to support for survivors of VAWG cases.

[22] Source: FGD and KII Interview transcripts

Services available prior to the pandemic such as schools, sexual reproductive health facilities, and commodities, as well as women and girls' safe spaces[23], Youth Faith Leaders & School-Based GBV Committee[24], were closed, which left many adolescents and young women vulnerable to VAWG incidents and early/unwanted pregnancies. FGD participants mentioned **increasing teenage/ unwanted pregnancies** can be attributed to the financial pressure faced by families or unsafe home environments, leaving adolescents idle and vulnerable in the communities. Another FGD participant in Rivercess County informed that a contributing factor to the increase in teenage pregnancy could be due to the closure of services provided to vulnerable adolescents and young women, for example, the Girls Club, which closed at the time of the lockdown, when adolescent girls faced increased risk in terms of VAWG, early or unwanted pregnancies, access to free health care services, etc. A KII from the Ministry of Health stated: "*We could not conduct supervision at the clinics, staff were skeptical, and due to the virus, patients were not visiting the health centers because of fear of the unknown disease, there were considerable increases in VAWG incidents of rape and DV during lockdowns".* Similarly, the Desk Review reported more than 18,000 girls having unwanted pregnancies as a consequence of the Ebola outbreak on post-Ebola research due to restriction measures.[25] Another FGD participant in Grand Cape Mount County informed that gender supervision and community vigilante groups were also reported as having a positive impact in addressing rape, domestic violence, and intimate partner violence by ensuring their communities were safe. However, COVID-19 restrictions have reduced the presence of these actors in the communities, potentially contributing to the reported increase in VAWG cases.

Grand Gedeh and Rivercess counties have always had the most difficulties **accessing healthcare services** compared to the other counties due to the poor infrastructures and road networks which are largely disadvantaged to women and girls in terms of access to maternal and reproductive healthcare, and other social services. With many clinics closed during the lockdown, and services greatly reduced at hospitals that remained open, maternal health was a problem. As the duration of the lockdown was extended, the impact of the pandemic on pregnant women became increasingly severe. In Liberia, in-hospital delivery rates reportedly went down by over 50 percent, while immunization decreased by 16 over two-thirds which may result in the interruption of the overall healthcare system and might lead to an increase of health issues unrelated to Covid-19. Thirty-five of sixty-two FGD participants mentioned pregnant women as most affected during the pandemic. An FGD participant from Grand Gedeh County stated *"due to long travel distances for pregnant women to health facilities and the ban on Traditional Midwives to conduct labor and delivery services prior to the pandemic, some women lost their babies during childbirth because they were afraid to go out during lockdown hours"*. Another FGD participant in Grand Gedeh mentioned a woman giving birth outside the health facility, *"upon arrival at the clinic after lockdown hours (2 pm) the health facility had closed, community dwellers ran to call the nurses but before they could get there the woman had given birth. Luckily for her, she and her baby survived".* A key informant from the MOH corroborated that COVID-19 containment measures had affected pregnant women gravely. With health facilities sometimes hours away from the communities, pregnant women had to walk long distances to access facilities during labor, and from experience, most contractions start during the night hours, stating *"there was definitely an increase in out-of-hospital childbirth and maybe maternal deaths but this could not be confirmed due to the lack of effective monitoring and reporting"*.

[23] Safe Space: is a women's group to encourage and support women facing GBV and to share experiences for learning.

[24] Youth Faith Leader and School-Based GBV Committee: responsible to facilitate, coordinate and monitor GBV activities in the school as a means to prevent GBV cases.

[25] One Year After Ebola (UNFPA, 2017)

4.7 Similarities between the COVID-19 pandemic and the Ebola Virus Disease Epidemic

According to research conducted in African countries, doctors who successfully fought the Ebola outbreak and are now working on the coronavirus pandemic response, say “Ebola is less contagious than COVID - 19 but much more deadly. Both viruses have similar disease presentations and severe impacts on human security”. While there are transferable lessons the biggest problem this time is a lack of resources”[26]. With countries in the West struggling to control the pandemic, developing nations are providing less support than usual. For instance, in Liberia, the local media also reportedly carried news of the lack of supplies at the various hospitals, particularly personal protective equipment (PPE).

As in the case of EVD, the economic challenges during and after the pandemic pose significant threats to the IGA and the livelihoods of women engaged in micro-level businesses such as farming, street hawking, retail trading, and other domestic services.[27] As in the case of the Ebola crisis in the region, COVID-19 prevention measures are having a drastic impact on women's livelihoods and economic security. In times of complex humanitarian emergencies in West Africa, women and children often face a higher risk of sexual exploitation, child labor, and gender-based violence. Current statistics indicate that one in three women experience violence in their lives and this is[28] exacerbated in crisis situations.

Lessons learned from the Ebola crisis in West Africa from 2014-2016, indicate a trend where women and girls faced sexual and gender-based violence, unintended pregnancies, and social stigma which in some cases, led to eviction from their homes, loss of employment, and other socio-cultural abuses. A similar pattern is emerging in the current pandemic as reports of sexual and gender-based violence have increased.

Inadequate or lack of gender-balanced access to information on COVID-19 has strong linkages to the prevailing situation during the Ebola crisis which heightened the vulnerability of women. The lack of information in local languages and the spread of fake news and misinformation raised to fear, anxiety, hate messages, and stigmatization inhibiting women and young people's access to essential time-sensitive and life-saving health services[29]. For instance, due to fake news and misinformation about the spread of the virus, women and girls' access to sexual and reproductive health services was disrupted, which put them at risk of maternal mortality, sexually transmitted diseases, and gender-based violence.

The Majority of the FGD participants mentioned similarities between COVID-19 and Ebola Virus Disease epidemic in the prevention methods, handwashing, and preventing the communities from burying the dead. Most FGD participants mentioned key differences being the wearing of nose masks, more deaths due to EVD, and the strict COVID-19 restriction measures implemented in the entire country unlike during the Ebola epidemic including a vaccine available against Covid. Learning from Ebola, people are aware of the prevention measures to follow, and community involvement in engaging members to stop the spread of the disease.

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[26] The difference between Ebola and Coronavirus outbreak? Lack of resources (Time, 2022)

[27] Agriculture, Livelihoods and food security (UNFAO, 2021)

[28] Increase in GBV cases (News, 2020)

[29] Women as frontline caretakers (Women, As front-line caretakers in Ebola crisis, women and girls need gender-based humanitarian response, Gender Alert says, 2014)

5 Conclusions

For some individuals, families, and communities across the country, a humanitarian crisis has the potential to impose drastic changes, therefore, an understanding of how the impact of COVID-19 on pre-existing structural, social and economic vulnerabilities from roles and responsibilities, leadership, and decision-making, gender, and other diverse perspectives along with the rigid social norms in the 4 counties of the research study would generate evidence to support the design of gender-responsive programming and interventions to contribute to the development of an evidence base for learning and adapting of VAWG programs crucial to ensuring a humanitarian response that focuses on the most impacted, especially women and girls.

Findings from the Desk Review follow that **COVID-19 and Ebola have similarities** and relationships in terms of socio-economic and cultural threats to the population, especially women. These range from limiting access to sexual and reproductive services, and increasing socioeconomic inequalities to abuses and violations against women and other vulnerable groups.

The pandemic and containment measures have exacerbated existing structural inequalities with dire consequences on communities' livelihood opportunities, and access to services & resources that have impacted women and girls, and other vulnerable groups. Unequal access to resources, which produces a gender gap in resource governance, is a major contributor to the disparity in impact between men and women. The COVID-19 pandemic has increased unpaid care work, domestic duties, VAWG cases, discrimination, exclusion from decision-making spaces, and an increase in economic hardship and poverty. While most people's lives and work have been negatively affected by the crisis, our analysis shows that, overall, women's jobs and livelihoods are more vulnerable to the COVID-19 pandemic. Prevention measures, including containment measures and movement restrictions, have had dire consequences on communities' **livelihood** opportunities and access to services and resources.

Given trends that have been observed from the qualitative data collection and DR, achievements in gender equality and the empowerment of women and girls have been undone by the **general effects of COVID-19** specifically in terms of meeting basic needs, ensuring safety, and representation. Health safety risks have increased for everyone, but VAWG (DV, economic neglect) early/ unwanted pregnancies, and loss of livelihood was the main risk. Pre-existing gendered risks exposed women and girls to different forms of vulnerability. COVID-19 has impacted everyone's ability to meet their basic needs, however, due to existing vulnerabilities based on social characteristics and gender norms, women and girls face greater challenges influencing their **roles & responsibilities, needs, and vulnerabilities**.

Faith leaders formed part of the county technical teams and played a vibrant role in using their knowledge of the communities to engage and spread awareness messages, distribute lifesaving materials, provide for with their meager funds and protect lives by increased interventions in GBV prevention and response using the FAMA training.

In communities, women, children, the disabled, the elderly and other vulnerable groups expressed the need to participate in response mechanisms during crises, have representation in deciding response activities; are included in **leadership and decision-making spaces** to ensure an inclusive response. Both FGD participants and key informants, including PWD, police officers, women, and youth, noted the need for inclusion in decision-making spaces. Though women comprise almost half the population in Liberia (representing 49.5%, 2.6M of the total population) there is a lack of female representation in decision-

making spaces. This contributes to increased gender inequality and leads to women and girls' needs being excluded from the national response initiatives. Gender norms and roles have barely changed during the pandemic, with decision-making powers still firmly controlled by men and tied directly to IGA despite having women providing for their families.

An understanding of how social characteristics, such as gender, age, or disability status, along with the rigid social norms in the 4 counties of the research study and the decreasing basic services play a role in a person's ability to protect themselves and recover from the secondary impacts of COVID-19 such as **VAWG/ GBV** is crucial to ensuring a humanitarian response that does not leave the most vulnerable behind. The rise in violence over the past two years has been linked to lockdowns and other restrictions on movement put in place due to covid-19, which force women and children to remain at home with their abusers. For a variety of reasons, the jump in violence against women and children during covid-19 may not show up in records. A reduction in face-to-face appointments for example, and restricted access to services during the pandemic will have limited opportunities to record DV cases. However, the data from other sources are overwhelming.

Because COVID-19 may have a negative impact on how vulnerable and marginalized groups negotiate restrictive social norms governing their lives, COVID-19 measures restricted their mobility in public spaces, confining them to their homes, and the increasing social stigma and VAWG in all forms.

In conclusion, it is imperative to develop and roll out measures that would address the root causes of gender and social inequalities which must be the main focus of efforts by policymakers, international humanitarian actors, local religious and civil society groups, and other stakeholders after the pandemic. Therefore, there is a need for continued collective responsibility to strengthen the services available and protect and promote the rights of women and girls. The impact of COVID-19 varies depending on the individuals or households, social attributes, circumstances, and counties, but the fact remains that the situation has worsened for most families, especially women and girls.

6 Recommendations

The impact of COVID-19 varies depending on the county, individuals or households, social attributes, and circumstances, however, the fact remains that the situation has worsened for most people. The pandemic and containment measures have exacerbated existing inequalities. Women and girls face an increase in unpaid care work, an increase in VAWG, discrimination in decision-making spaces, and an increase in economic hardship and poverty. Likewise, already vulnerable groups have all faced greater challenges and risks.

To minimize the impact of COVID-19 on gender norms and roles, programming within the humanitarian responses; S&L/SwE groups, and VAWG Programs, increase the active roles of faith leaders, and reduce the vulnerability of women and girls the following recommendations are made:

6.1 Government & Leadership

6.1.1. Leadership and Decision-making

a) **Prioritize women's leadership in the community response to Humanitarian crises**: Government and local efforts to include women and youth at all levels in the response needs to be deliberate because impacts on the lives of women and girls require differentiated policies. Starting with consultations about their needs and concerns, mobilizing women and girls and persons living with disabilities, who were unable to participate in preparedness and response mechanisms before and during the crises with a strong political commitment. Ensure to engage with and include local and community-based women's rights organizations, youth groups, and faith leaders as part of the response, but also assign them a more active role as decision-makers and participants with clear gender-informed strategies.
b) Develop a coordinated Humanitarian response plan which takes into account the needs of all during and after the pandemic.
c) Assess the socio-economic impacts of the COVID-19 pandemic on the economy and communities and design national programs to address the impacts, ensuring that sex-disaggregated data are collected in all aspects of the assessments.
d) Guarantee UNSCR and SDG 5 accomplishments by prioritizing economic assistance for female-headed families that have been severely impacted by COVID-19 limitations through the SwE programs.
e) Ensure that any movement restrictions relating to COVID-19 account for the needs of different vulnerable groups.
f) More investment is needed to build an even more resilient food system. Such investment must come from national governments as well as the international community, as enhancing the capacity of developing countries to prevent or contain a food security crisis is a collective effort.

6.2 ECLRD

6.2.1 Leadership and Decision-making

a) Advocate for inclusion and equal representation of women and girls in decision-making spaces by ensuring the engagement of women faith leaders and SwE groups with community-based women's rights organizations, youth groups, and faith leaders to create a larger network for collective advocacy and to assign them a more active role as decision-makers and participants with clear gender-informed strategies at the community level.
b) Partner with other NGOs to design leadership training for marginalized or vulnerable groups in preparation for consultations about their needs during humanitarian crises, and provide a community preparedness/ disaster management toolkit for faith leaders and SwE members.
c) ECLRD to provide holistic support to survivors including medical, psychosocial, socioeconomic, and funding for access to justice and legal support.
d) Work with faith leaders, youth groups, and Savings with Education members to set up Disaster committees, and provide a community preparedness/ disaster management toolkit for the four (4) counties for rapid response, data sharing, and support.
e) SwE groups and faith leaders advocate for the deliberate inclusion of women, youth, PWD, and other marginalized groups at all levels in the response, starting with consultations about their needs and concerns, actively seeking out their opinions, engaging them as volunteers, and working more closely or partnering with organizations that represent their interests.
f) VAWG programs to integrate disaster response with gender-lens by creating preparedness plans and allocating dedicated/ flexible funding to remain operational and strengthen existing services.
g) Develop plans for at-risk groups, and increase collaborations with the judicial and health systems, during a response to ensure continuous access to information and services.

6.2.2 The role of Faith leaders

A. Faith leaders take immediate measures to address fears and misinterpretations regarding disease fatality and treatment services with special consideration for women and girls by providing tailored messages.
B. Provide training to faith leaders on the referral pathways and counseling to female survivors of sexualized and gender-based violence ((S)GBV) on an individual level
C. ECLRD to ensure the faith leaders are trained in psychosocial support to survivors and families
D. Provide additional funding to faith leaders for logistics to assist survivors and families of survivors to enable mobility and promote help-seeking behavior.

6.3 Livelihood

1. Programs and projects developed by ECLRD should intentionally enable economic relief measures and deliberately target women and other vulnerable groups by integrating Savings with Education into social protection programs to support women-led businesses and expand the Savings with Education to other affected households.
2. Prioritize the expansion of the Savings with Education programs to additional households within the four (4) counties to empower women in acquiring resources such as land and houses to effect change in gender roles and responsibilities
3. Savings with Education groups to prioritize female-headed and other vulnerable households who have been adversely affected by COVID-19 restrictions.

4. The Savings with Education groups should use their experience to obtain leadership roles within their communities, adapt the Savings with Education to prioritize IGA, and create social funds from the profit to be able to assist other members/non-members during crises.
5. Disaggregate reporting-related data by sex, age, and disability so that experts can understand differences in exposure and treatment and tailor programs

6.4 Violence Against Women and Girls

1. Faith leaders to increase the awareness of the Domestic Violence Bill, through collaboration with S&L/SWE groups, youth groups, traditional leaders, and NFLAC and work with other CSOs to provide access for reporting and referrals during crises
2. S&L/SWE groups and youth groups to mobilize informal support networks, and women's rights groups to ensure continuity of existing Sexual and Reproductive Health related activities for support during crises.
3. Faith leaders, youth groups, and S&L/SWE groups to increase efforts at reaching out to women and girls to promote help-seeking behavior
4. Continue to provide safe spaces for survivors of VAWG and include psychosocial support in VAWG programs.
5. Work with faith leaders to join other women's rights groups and advocate for the national government to ensure access to justice for survivors and survivors of VAWG, strengthen legal and law enforcement institutions, build social morals and attitudes of law enforcement officers for available and accessible services to all women and girls regardless of the geographical location.
6. Ensure that emergency preparedness and response plans are grounded in sound gender analyses, considering gendered roles, risks, responsibilities, and social norms, and accounting for the unique capabilities and needs of other vulnerable populations. This includes ensuring that mitigation and response measures address women's and girls' caregiving burdens and heightened VAWG risks.
7. There's a need to increase the funding of VSLAs to link more survivors to the group to improve their access to justice, and women's rights, to regain their self-esteem.

6.5 Developmental Partners

Development and Humanitarian actors ensure the engagement of underrepresented and marginalized groups by actively seeking out their opinions, engaging them as volunteers, and by working more closely or partnering with civil society organizations that represent their interests.

Advocate for the national government to ensure access to justice for survivors and survivors of VAWG, strengthen legal and law enforcement institutions, and build social morals and attitudes of law enforcement officers.

1) Advocate to enhance the fight against corruption and ensure services are available and accessible to all women and girls regardless of geographical location and demonstrate the will and diligence to survivors by ensuring logistical supplies, strengthening support structures within the communities, and commitment to providing the essential services.
2) Allocate more funding for research to incorporate learnings and evidence of the gendered impact of pandemics on women and girls.
3) Develop targeted economic empowerment strategies and social safety nets to protect those who are the worst affected and most vulnerable. These safety nets, which could be in the form of cash or in-kind transfers (should be accompanied by intervention by health and nutrition officials, because investing in the health and nutrition of vulnerable populations could lower the mortality rate of diseases — as nutritional level and mortality rates are intricately linked. Social safety nets are also crucial in the post-epidemic period to drive "reconstruction" efforts.

7 Appendix

7.1 Research Methodology

7.1.1 Desk Reviews (DRs)

The DR examined both qualitative and quantitative secondary data sources or project reports from ECLRD on VAWG and other media sources. The relevant available data were used to supplement data collected from the field data collection process. Secondary data provided by ECLRD was also used to develop a pre-COVID-19 Status against which to assess the changes and impact of the outbreak. The secondary data review used studies and assessments conducted during COVID-19 or at the onset of the pandemic in Liberia.

7.1.2 Focus Group Discussions (FGDs)

The second method for the study is the Focus Group Discussions (FGDs). The FGD data was collected using an FGD guide designed for different types of participants. The FGDs were composed of the following participants: men and women (composed of faith leaders and S&L network members), youth who are faith leaders in their coalitions, and the school-based GBV Committees, (school administrator, PTA Chairperson, and students/committee members) (See table 1). The FGDs were carried out among participants to collect qualitative components of the indicators on VAWG in the four counties. Eight FGDs sessions were conducted, two discussions per county as well as seven locations in the four counties; Bong, Grand Cape Mount, and Rivercess had two sites each with the exception of Grand Gedeh, which had a single site in Zwedru City. The questions were administered to faith leaders, youth (male and female), women, and men.

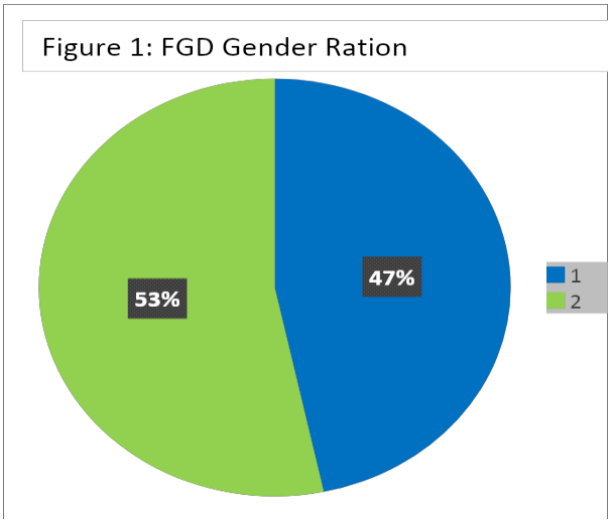
The criteria for participation in the FGDs were; to be a participant (faith leaders, youth leaders, S&L members) of ECLRD program; be trained by ECLRD (ex: business and development, faith leaders toolkit training, school-based GBV committee training, or any other training) conducted by ECLRD; be actively involved in ECLRD program activity. Christian and Muslim faiths were considered while recruiting the participants to have a balance among the groups. ECLRD staff handled the selection and mobilization of participants and chose the location of the FGDs sites in the four counties.

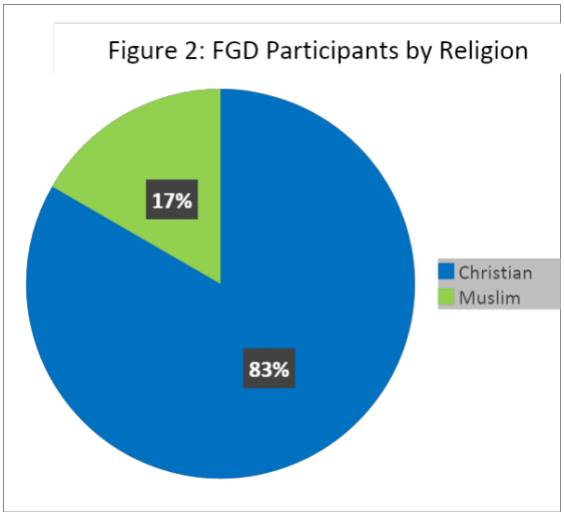
The FGDs were conducted by one (1) ECLRD national staff: a County Officer (for each county), three women faith leaders from the National Faith Leaders Advisory Coalition (NFLAC) and County Faith leaders Coalitions (CFLC), and one interpreter hired in each community where the FGDs were conducted, one psychosocial therapy provider and one consultant.

Each team comprised different roles: moderators, note-takers, observers, photographers, facilitators, mobilizers, psychosocial therapy provider, as well as transcribers, using voice recorders and notepads, to record interviewees from the four counties respectively.

7.1.2.1 Table 1: FGD Participants

Respondent Type	Method	Key Themes
Faith Leaders & GBV Committee members:	**Focus Groups**	**General; Participation, Decision making/leadership; Livelihoods and Gender Based Violence**
Women	Focus Groups	Same as above
Men	Focus Groups	Same as above
Youth-Girls	Focus Groups	Same as above
Youth-Boys	Focus Groups	Same as above
School GBV Committee Women & Men	Focus Groups	Same as above
School GBV Committee Students (female and male)18 above	Focus Groups	Same as above





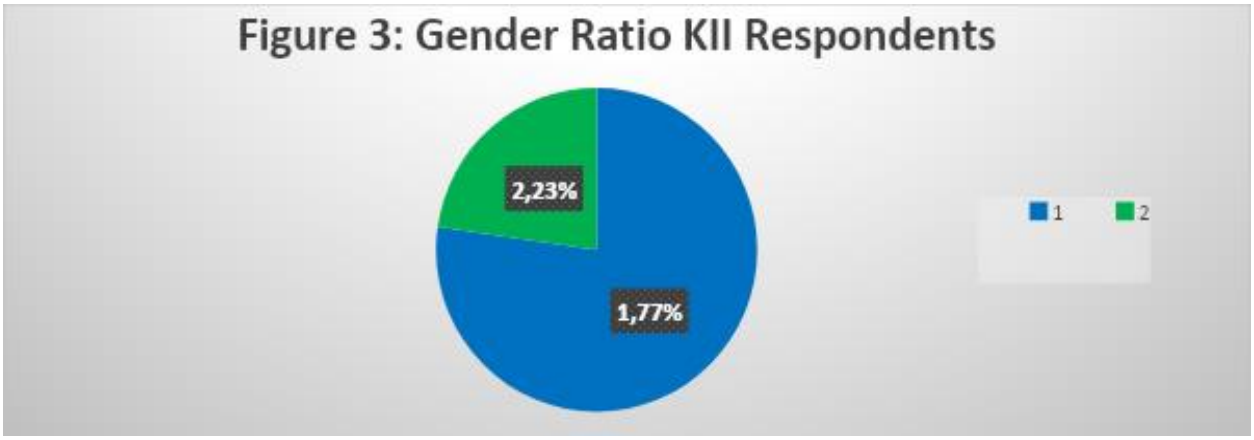
7.1.3 Key Informant Interviews (KIIs)

The third and final method of the study for the gathering of the qualitative data is the key informant interviews (KIIs). The KII data was collected using a guide designed for different types of respondents. 22 informants were interviewed (6 persons per county). The criteria for participation as a key informant was: be a contributor (directly or indirectly) to the program, be a participant in at least 1 bi-annual/quarterly meeting/any other training conducted by ECLRD, be actively involved in ECLRD program activity, or work directly with survivors of GBV or with a program that creates awareness on GBV. Key informants targeted were from the Ministry of Health (district health officer/OIC), Ministry of Justice (County Attorney), Liberia

National Police (commander), Ministry of Gender Children Social and Protection, (Women and Children Protection Officer/ county gender coordinator), Ministry of Education (district education officer/DEO).

7.1.3.1 Table 2: Key Informants Targeted

Respondent Type	Method	Key Themes
1 Stakeholder per each of the 4 counties:	**Key Informant Interviews**	**General; Participation, Decision making/leadership; Livelihoods and Gender Based Violence**
District Health Officer	Key Informant Interviews	Same as above
District Education Officer	Key Informant Interviews	Same as above
County Gender Coordinator	Key Informant Interviews	Same as above
Women and Children Protection Officer	Key Informant Interviews	Same as above
County Attorney	Key Informant Interviews	Same as above
Police Commander	Key Informant Interviews	Same as above



Field Teams

The field teams were made up of 6 persons each: the field teams were selected from Episcopal Church Liberia Relief and Development, women faith leaders from National Faith Leaders Advisory Coalition, and JAC Consultancy. Two teams were formed for the data collection in the four counties.

Team-one: one staff from ECLRD, three women faith leaders from NFLAC, one consultant (supervisor) and a county officer per county at a time. An interpreter and a psychosocial consultant for the FGDs and team two: one staff from Episcopal Church Liberia Relief and Development (ECLRD), two women faith leaders from National Faith Leaders Advisory Coalition (NFLAC) and one-woman faith leader from the County Faith Leaders Coalitions, per county at a time in Grand Gedeh and Grand Cape Mount, one consultant (supervisor), and a county officer per county at a time.

7.1.3.2 Table 3: Teams Assignment

Teams	Counties	Training date	Data collection duration	Methods
Team 1	Bong	Nov. 2-4	Nov. 9-12, 2021	KII, FGD
Team 2	Grand Cape Mount	Nov. 2-4	Nov. 9-12, 2021	KII, FGD
Team 1	Rivercess	Nov. 2-4	Nov. 30- Dec 3,, 2021	KII, FGD
Team 2	Grand Gedeh	Nov. 2-4	Nov. 17-24, 2021	KII, FGD

7.1.3.3 Table 4: Data Collectors Teams Composition

Data Collectors	Team-1	Team-2	Team-1	Team-2
	Bong County	**Grand Cape Mount County**	**Rivercess**	**Grand Gedeh**
County Officer*	1	1	1	1
Consultant	1	1	1	1
Interpreter will not travel with the team; they will be hired in each community.	1 interpreter will be identified by the County Officer in each community; for Bong County 1 in Palala and 1 in SKT Town.	1 interpreter will be identified by the County Officer in each community; for Grand Cape Mount County 1 in Sinje and 1 in Robertsport City.	1 interpreter will be identified by the County Officer in each community; for Rivercess County 1 in Cestos City and 1 in Yarkpa Town	1 interpreter will be hired by the County Officer in each community; for Grand Gedeh County only 1 will be hired in Zwedru City, since all the FGDs will be conducted in Zwedru City.
NFLAC/County Faith Leader Coalition	3	3	3	3
ECLRD national staff	1	1	1	1

7.1.4 Pre–Testing of the guides

The pre-testing was conducted by the research team to determine the coherence of the questions on November 5th, 2021 at the following locations: Ministry of Gender, Children and Social Protection, Ministry of Justice/ Police, and at Episcopal Trinity Cathedral on Broad Street Monrovia, Liberia. There was a feedback session attended by the field teams, during which the questions were revised based on feedback from the testing, which helped modify the guides.

7.1.5 Role and Responsibilities of the Field Teams

7.1.5.1 In General

The Consultants and their teams selected for the gender-based violence survey were required to make themselves available for the duration of the training and data collection. They attended, participated, and completed all aspects of the training modules and prepared to take instructions from their team leaders.

Maintaining cordial working relationship with the ECLRD team and exhibiting a high level of team spirit while working in the field respectively.

7.1.5.2 Table 5: Roles and Responsibilities of Team Members

Team members	***Roles and responsibilities***
NFLAC Women Faith Leaders/County Officer	*Observers/facilitator*
ECLRD-National Staff	*Take photo, facilitator/note taker*
ECLRD -County Officers	*Mobilizer/fill in consent form*
Consultant	*Facilitators/ transcribers/ note taker*
Interpreters	*Do the interpretation for faith leaders who prefer to speak in their local language.*
Psychosocial Therapy	*Provide therapy for respondents who will go into a traumatic state during the FGD sessions.*

7.1.5.3 Team Leaders

The ECLRD national Staff worked with the county support team to prepare: a) daily itinerary for the field team, b) travel time from one location of the interview to the next. They supervised all FDGs, and KIIs and made sure that the field teams understood their assignments, assigned tasks, and completion of interviews on time, and maintained a team spirit. They solved all field-related problems in close collaboration with county teams, ECLRD and JAC Consultancy respectively.

7.1.5.4 Facilitators

The data collection teams were observers, photographers, mobilizers, note-takers, interpreters, and psychosocial therapy providers. They worked in close consultation to conduct the data collection exercises while in the field. Where necessary consultation was done with the ECLRD M&E Coordinator who was responsible for the overall oversight of the research and JAC Consultancy.

7.1.5.5 County Officers

The County Officers under the supervision of the ECLRD M&E Coordinator and Gender Coordinator arranged all centers for FGDs and KIIs including participants in the four counties. They made all arrangements and all appointments with relevant county and district officers, Ministry of Health, Ministry of Gender Children, Social Protection, Faith Leaders, and Youth leaders. They were the mobilizers of the entire fieldwork before the teams arrived in each county.

7.1.5.6 Translators / interpreter

All FGDs and KIIs were predominantly conducted in English, with responses provided in Colloquial or local dialects. The role of the translator/ interpreter was more than purely to translate what was being said during the FGDs. The facilitator was greatly assisted by their role as ethnographic informants. They were in a unique position to provide context for the research endeavor since they were members of the cultures they were studying. The usage of the term "Koo" is an example of how this knowledge helped to explain matters that may otherwise be confusing.

7.1.5.7 Psychosocial Therapy

Arrangements were made to have a psychosocial consultant present during all FGD sessions to ensure to support respondents.

Additionally, opinions gathered through administrative data (desk reviews), focus group discussions (FGDs) and key informant interviews (KIIs) reflect the best judgments of the various respondents interviewed to provide qualitative trends for programming considerations, therefore, will be used by ECLRD and planners as a bloodline for decision and raw materials for accountability.

All efforts were made to ensure as much representation as possible among participants and key informants and to ensure that key vulnerable groups were included.

7.1.6 Stakeholders of the GBV and VAWG Study Responsibilities

7.1.6.1 Episcopal Relief & Development

Episcopal Relief & Development worked in close collaboration with ECLRD and the JAC consultancy to conduct this qualitative research project. Point persons from the Episcopal Relief & Development worked with ECLRD to conceptualize the qualitative research plan and led the drafting of the Key Informant Interview and Focus Group Discussion guides, with the assistance of colleagues. In addition, they served as the facilitators for the following sessions: KIIs and FGDs guides review, Principles of research ethics and review of the consent form, and conducting and managing effective FGDs.

7.1.6.2 The United Nations Trust Fund

The Episcopal Church of Liberia Relief & Development (Episcopal Relief & Development) received funds from the United Nations Trust Fund to End Violence Against Women (UNTF) in conjunction with the European Union and the United Nations Spotlight Initiative. To combat violence against women and girls in the context of the COVID-19 epidemic, the funding will concentrate on improving the organization's current program collaboration with the Episcopal Church of Liberia Relief & Development (ECLRD). Episcopal Relief & Development and ECLRD chose to undertake this qualitative study as part of the COVID-19 UNTF in order to give evidence.

7.1.6.3 JAC Consultancy

The JAC Consultancy was responsible for data collection, transcribing the audio recording, synthesizing the information (coding, summarizing, and analysis of information), preparing the report, and validating findings with major project stakeholders.

7.2 Scope of the Study

As the objective of the research study is:

1. Contribute to the development of an evidence base for learning
2. Adapting of VAWG program objectives and responses to COVID-19 and future crises impacting women and girls in Liberia, on the role of faith leaders, and S&L Groups on the humanitarian response to families, with a focus on women and girls in the four host communities targeted.

Faith-based approaches to qualitative research were privileged. The demographic selected for the FGD participants consisted of male and female faith leaders, and youth faith leaders, who were participants of the VAWG program. Additionally, KII respondents were drawn from a range of active stakeholders who contribute directly and indirectly to the program. The below tables depict the respondent type for the FGDs and KII, and the geographical location.

7.2.1.1 Table 6: Respondent type per geographical locations

Respondent Type	Total # of participants per respondent type	Geographic Locations		
		County	**District**	**Town**
Faith Leaders	**64**			
Youth boys-1	8	**Bong**	Kpaai	Palala
Men-1	8	**Bong**	Suakoko	SKT, Suakoko
School GBV Committee -Women & Men	8	**Grand Cape Mount**	Garwula; Tewor	Sinje, Teinii
Youth- boys-1	8	**Grand Cape Mount**	Commonwealth	Robertsport City
Youth-girls-1	8	**Rivercess**	Fehn River	Cestos City
Women -1	8	**Rivercess**	Nyorwien	Yarkpa Town and James Town
Youth -girls-1	8	**Grand Gedeh**	Tchien	Zwedru City
School GBV Committee -Girls & Boys	8	**Grand Gedeh**	Tchien	Zwedru City

7.2.1.2 Table 7: Program Participants per Respondent Types Mapping

Stakeholders:	**24**	**County**	District	Town
District Education Officer	1	Bong	Suakoko	Suakoko
District health Officer	1	**Bong**	Suakoko	Suakoko
County Gender Coordinator	1	**Bong**	-	Gbarnga City
Women and Children Protection Officer	1	Kpaai	Palala	Kpaai
County Attorney	1	**Bong**	-	Gbarnga City
Police Commander	1	**Grand Cape Mount**	Garwula	Sinje Town
District Education Officer	1	**Grand Cape Mount**	Garwula	Sinje Town
District health Officer	1	**Grand Cape Mount**	Garwula	Sinje Town
County Gender Coordinator	1	**Grand Cape Mount**	Commonwealth	Robertsport City
Women and Children Protection Officer	1	**Grand Cape Mount**	Commonwealth	Robertsport City
County Attorney	1	**Grand Cape Mount**	Commonwealth	Robertsport City
Police Commander	1	**Rivercess County**	Nyorwien	Yarkpa Town
District Education Officer	1	**Rivercess County**	Nyorwien	Yarkpa Town
District health Officer	1	**Rivercess County**	Nyorwien	Yarkpa Town
County Gender Coordinator	1	**Rivercess County**	Fehn River	Cestos City

Women and Children Protection Officer	1	**Rivercess County**	Fehn River	Cestos City
County Attorney	1	**Rivercess County**	Fehn River	Cestos City
Police Commander	1	**Grand Gedeh County**	B'hai	Toe Town
District Education Officer	1	**Grand Gedeh County**	B'hai	Toe Town
District Health Officer	1	**Grand Gedeh County**	B'hai	Toe Town
County Gender Coordinator	1	**Grand Gedeh County**	Tchien	Zwedru City
Women and Children Protection Officer	1	**Grand Gedeh County**	Tchien	Zwedru City
County Attorney	1	**Grand Gedeh County**	Tchien	Zwedru City

This study covered four (Bong, Grand Cape Mount, Grand Gedeh, and Rivercess) counties of the 15 counties of Liberia to determine the secondary impact of COVID – 19 on women and girls as well as the prevalence of violence against women and girls (VAWG). The information gathered from the four counties does not reflect the prevalence levels in the other 11 counties respectively, hence, findings and conclusions may not apply to all 15 counties in Liberia as they are not all represented in the research.

7.2.2 Key Informants Interview guide

Ministry of Health (district health officer/OIC)
Ministry of Justice (County Attorney)
Liberia National Police (District commander)
Liberia National Police (Women and Children Protection Officer)
Ministry of Gender Children Social and Protection (county gender coordinator)
Ministry of Education (district education officer/DEO)

Introduction:

Upon arrival at the participants' office/discussion venue, do a warm-up for about two to three minutes for chatting, rapport building, and getting comfortable. Introduce yourselves as the facilitator team that is conducting the research. The objective of the study is to gather data on the gendered impact of covid-19 on women and girls in four counties Grand Gedeh, Grand Cape Mount, Rivercess, and Bong.

Thank you for accepting our invitation to this discussion; we would like to inform you that we will be audio recording the session and taking notes on paper. Therefore, we ask you to please permit us to do the audio recording. We also like to emphasize that data you share with us will remain confidential. If you agree to have the discussion with you, please sign the consent form. The session is planned to last for about 30-45 minutes.

Demographic Information

The survey is addressed to stakeholders, who work together with ECLRD, and the community in general. They participate indirectly in the program and will provide important information on the support they provide to women and girls, especially in the area of VAWG.

Respondent Name: _____

Position: _____
Institution: _____
Sex_____
Location: County: _____; District: _____ Community: _____Date: _____

KII Questions

General

1. How did covid 19 affect your professional life? How is it now with constant changing trends of the Covid 19? Please explain. *(Probe: if not mentioned, since covid 19, how has your work been affected? How was it before**)***

1. What are the biggest problems your community is facing at the moment regarding the covid 19 pandemic that has an effect on the work you are doing? (Please prioritize top 4)

Ministry of Health (district level staff)

Decision making

1. Who is making the decisions and leading Covid 19 response efforts in the county? **(***probe: more women or men, community initiatives, government, NGO explain)*
1. How are faith leaders engaged in covid 19 related response and preventive efforts?

GBV

1. Have you witnessed an increase/decrease in violence against women and girls (?) during the pandemic? Probe: How so? What sort of cases is being reported? *(What has triggered this increase/decrease)*
    - intimate partner violence
    - Early/teen pregnancies
    - Rape
1. How could the above have been prevented?

What are some of the measures you have put in place to support survivors?

1. What are some of the gaps you are experiencing when rendering support for GBV survivors in your communities?

Ministry of Justice and Police

1. How did covid 19 affect your professional life? How is it now with the constantly changing trends of the Covid 19? Please explain. *(Probe: if not mentioned, since the covid 19, how has your work been affected? How was it before)*

1. What are the biggest problems your community is facing at the moment regarding the covid 19 pandemic that has an effect on the work you are doing? (Please prioritize top 4)

Decision-Making/ Leadership

1. Who is making the decisions and leading Covid 19 response efforts in the county? *(probe: more women or men, community initiatives, government, faith leaders, NGO explain)*
1. Are both women and men represented in decision-making and leadership in the covid 19 response you mentioned above? Is this situation different from the pre-Covid situation? Explain

GBV

1. What is the involvement of faith leaders in supporting communities' access to justice in the community? What are some of the ways they are involved in? Probe: providing sermons in the church/mosque, organizing meetings with the community
1. How are marginalized groups accessing justice in the community? What support is the ministry of justice providing for the stated marginalized groups? *(Marginalized groups include persons with disability, elderly women, single mothers, teen mothers, etc.*)
1. Have you witnessed an increase/decrease in violence against women during the pandemic? Probe: How so? What sort of cases is being reported?
    - intimate partner violence
    - Early/teen pregnancies
    - Rape
    - Early marriage

1. What are some of the measures you have put in place to support women and girls, especially those affected by GBV? E.g. is there a mobile court that visits communities? Advocacy messages within the community, working with other stakeholders to relay messages such as faith leaders. **For police**- is there a hotline that members of the community can call? Is there a gender desk at the police station to support women and children? Others e.g.
2. In your view/observation, are women and girls comfortable in reporting cases of GBV? (Have they all been reporting or some are hesitant? What are the reasons for hesitancy?

Livelihoods

1. Before covid-19, have there been any changes witnessed when rendering support to the community, especially for women and girls? For example, are there fewer people seeking the support of attorneys during this time, or has there been an increase? Probe: if yes, what are some of the cases you are dealing with that target women and girls specifically? Has there been an increase of demand for services for survivors of VAWG? Why do you think there has been an increase/decrease? ***(Here we are trying to find out if people have the resources to access services)***

1. In terms of demand for services, if there has been an increase (Are there any groups that are particularly affected? E.g. persons with disability, women, girls? If the demand has been low, why do you think this is the case? (Lack of resources-money to appoint an attorney for service, advocacy, and messaging through awareness creation done in the community (by whom? - probe who is doing the awareness creation and what sort of messages are shared)

Women and Children Protection Officer/County Gender Coordinator/District Education officer

Questions

Roles, Responsibilities, Needs, Vulnerabilities

1. Since the covid 19, how has your work been affected? And how was it before?
2. Are you witnessing any increase/decrease of school dropouts during this covid period, especially for girls (probe if yes why so? What are some of the reasons you think girls are dropping out of school?

Decision-Making/ Leadership

1. Who is making the decisions and leading Covid 19 response efforts in the county? **(***probe: more women or men, community initiatives, government, faith leaders NGO explain)*

1. Are both women and men represented in decision-making and leadership in the covid 19 response you mentioned above? Explain

1. What was/is the involvement of faith leaders in the covid 19 response at any level? (county, community, etc.)

1. What marginalized groups if any are most affected by covid-19 and how are they involved in the response and preventative efforts?

Livelihoods

1. How has Covid 19 affected economic opportunities for men and women in your community? Is it different for pregnant women, people with disabilities, elderly women, etc.?
1. How are measures designed to stop transmission of the virus such as lockdown/ quarantine/ physical distancing affecting economic opportunities and livelihoods?
1. Are there any groups that are particularly affected? And how? (*(Note: women are likely to be more adversely impacted as they dominate micro and small enterprises, low-skilled workforce, domestic work, migrant work etc.)*
1. What measures can be put in place to reduce the adverse effects especially on groups likely to be most impacted?
1. Before the covid-19, who controlled the resources between men and women at household level? Has this changed since the virus affected your community?
1. How has covid-19 influenced the time that women, men, girls and boys spend doing unpaid work at the household or community level? *Prompts: Water supply, preparing food, looking for firewood, taking care of the ill, taking care of children, washing clothes etc.*

GBV

1. Who is at more risk of GBV during covid 19? (Use the FAMA cards for this) Use the types of GBV listed there. E.g., rape, domestic violence, teenage pregnancies, FGM economic neglect. **Probe for adolescent girls, young women, middle age and the elderly)**
2. What can be done to mitigate against or reduce GBV during this crisis?
    - Was any community activism or advocacy conducted in light of the covid 19? If yes, please describe the main messages and the aim of the advocacy/activism

1. Did community members report more incidences of GBV, adolescent pregnancies during the pandemic? In your view, what incidences of GBV were more and why?
1. What are some of the gaps you are experiencing when rendering support for GBV survivors in your communities?

7.3 Focus Group Discussion Guide

ECLRD Faith Leaders

Introduction

Thank you for coming to our call for this discussion; we would like to inform you that we will be taking pictures, audio recording the session and taking notes on paper. Therefore, we ask you to please permit us to take pictures and record the group discussion. We also like to emphasize that data/ information you share with us will remain confidential. If you agreed to be a part of the discussion, please sign the consent form. The session is planned to last for about 45mins to an hour.

No. of participants:_____
By sex: No. of Males_____; No. of Females_____
Location: County_____, District_____,
Community_____
Date: _____

Welcome

This survey aims to conduct qualitative research on the gender impact of COVID-19, wherein faith leaders are to be supported to initiate a virtual and physical platform for participatory qualitative inquiries that would contribute to the development of an evidence base for learning and adaptation of program objectives, that is to be led by a diverse faith leader - women, men, and youth from Monrovia and the counties where the project is being implemented. This survey will provide evidence on the impact of VAWG and other community programming.

Demographic Information

The survey is addressed to Muslim and Christian faith leaders in four counties of Liberia Grand Cape Mount, Rivercess, Bong, and Grand Gedeh. The survey will include youth leaders and other non-clergy that have participated in the ECLRD VAWG programming.

Guide questions for Key Faith leaders

General

1. How did covid 19 affect your religious life? *masking, social distancing, church closure/prohibited gatherings, reducing size of congregation/groups/gathering*
2. List 5 of the key issues (name 5) facing your community at the moment?

Roles, Responsibilities, Needs, Vulnerabilities

1. Since the pandemic, in your opinion, are there any differences in the roles and responsibilities (formal and informal) for women, men, boys and girls in your community? (*Probing: what kind of differences are seen among those categories?)*
2. Do you think that women, girls, men and boys are at the same risk of contracting covid-19? If yes, why?
    - If not, what do you think are the differences in the risk of contracting COVID-19 for men, women, girls and boys, and why?
    - How does this vary by age, ability, etc.?
    - What are the specific difficulties for children and adults living with disabilities *Note:*

1. Are people allegedly infected by the coronavirus stigmatized in your community? If yes, how and please give a couple of examples…

Decision Making/ Leadership

1. Are both women and men represented in decision making and leadership in the covid 19 response? Explain
    - Who is making the decisions and leading COV-19 response efforts in the community? ***(****Probe: more women or men, community initiatives, government, NGO explain)*
    - Is there representation from any vulnerable groups and how are they involved in the response efforts?
    - What was/is the involvement of women faith leaders in the COVID 19 response?
1. How often have you heard your faith leader talk about COVID-19 in your church or Mosque, and what are some messages you have heard?

Livelihoods

1. To what extent do measures such as lockdown/quarantine/physical separation that are intended to stop viral transmission have an impact on economic possibilities and livelihoods?
2. From an economic/livelihoods viewpoint who/which groups of people are more affected financially"? any groups in particular?
    - What can be done to mitigate the negative impacts, particularly on those groups who would be most affected?
    - How has covid-19 impacted your community's economic possibilities for men and women?
    - How has COVID affected pregnant women, people with disabilities, elderly women, or any other groups in particular
1. How did men and women divide up the household's resources before to the Covid-19 program? Has anything changed since the virus made its appearance in your area? What do you mean by that? Resource examples include money, cattle and farmland; farm homes; market earnings; education fees and savings.

GBV

1. Are women, and girls at higher risk of GBV during this crisis? What are the specific risks for each group of women *(Probe for adolescent girls, young women, middle age and the elderly)*? If so, why do you think that is the case? Probe for different forms of GBV using the FAMA cards.
    - Rape
    - Teenage pregnancies
    - Economic neglect
    - Domestic violence

1. What could be done to mitigate against or reduce GBV during this covid-19 crisis?
2. What are the similarities and differences compared to the Ebola crisis?
3. Where do you report Gender Based Violence cases and why?
4. Where do you get information on GBV response services?
5. Have you participated in a Violence against Women and Girls training? Has VAWG training assisted you in providing support to GBV survivors? How so, please explain

1. Was any awareness campaign conducted during COVID-19 pandemic?
    - If yes please describe the main messages and the aim *(probe: for any messaging/talks in church, mosques with the specific messages)*
1. What are some of the gaps you are experiencing as faith leaders when rendering support for GBV survivors in your communities?

8 References

I. Coronavirus Death toll:

II. COVID-19 declared a global pandemic:

III. Coronavirus Death toll:

IV. Containment measures in Liberia:

V. Liberia Overview:

VI. ECLRD Consultant SOW

VII. Liberia DHS 2019- 2020

VIII. Stakeholder Engagement Plan 2020

IX. Emerging Gender Data

X. GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19

XI. UNFPA Post Ebola Article

XII. The difference between Ebola and coronavirus outbreaks? Lack of resources

XIII. Agriculture and food security

XIV. Increase in GBV cases

XV. UN WOMEN Article on women and girls need gender-based humanitarian response

XVI. Liberia COVID-19 response project

XVII. Domestic Violence Bill

XVIII. GBV Statistical Report 2021- Liberia